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A CASE OF PROTOZOIC SKIN DISEASE.

By W. S. THORNE, M.D., San Francisco, Cal.

Read before the California Academy of Medicine.

T. P——, Portugese, æt. 33; occupation, laborer and saloon-keeper; has lived in California fourteen years, was in his usual health up to June 1st, when he had a hemorrhage that from his description was evidently hemetemesi; he thinks he lost about a half-pint of blood. At this time his only sense of discomfort was that of weakness. About five weeks after the hemorrhage, he observed a change in the color of his urine, which looked to him like blood, and it was at this time also that he first noticed two reddish spots on his forehead, left arm and breast. The eruption was attended with pain.

His condition on entering St. Mary's Hospital, August 28th, was as follows: A tall, thin man—evidently much under weight—the palor of whose face is in marked contrast with his dark eyes and hair. An eruption upon the head, face, chest and arms—number, fifteen in all. Two (the least advanced of these) appear near the base of the right ala of the nose. It begins as a small pimple with a red indurated base. The four growths upon the forehead and scalp are as large as a five-cent silver piece, and have already passed into the suppurative stage; thin margins are elevated above the skin a fourth of an inch, and the summit presents the color and appearance of a raspberry.

Under observation, the area of redness and induration extends; the summit softens and breaks down; about the base small pustules appear, which in turn break down; the surface of the sore, from a condition of elevation becomes cupped and excavated, with the margins ragged and irregular, attaining a size of two centimeters in length, by one and three-quarters in breadth.

This patient has never had syphilis or rheumatism. There are no hereditary disorders in the family history. During the period of our observation of him, the daily range of temperature has been from 100° F. morning to 103° evening, pulse from 100 to 125. The cervical glands of both sides are moderately swollen, as well as the glands of the groin. The urine is scanty, but otherwise normal; on first examination it was found to contain blood, but disappeared in a few days.

I had promised to present this patient to the Society this evening

for personal inspection, but regret to say that he is so feeble that I am not able to do so. In the early part of the week, I invited Dr. Rixford to examine the patient with me, and at his suggestion, I excised a mature sore situated over the right clavicle, for microscopical examination. Dr. Rixford has had the kindness to prepare this specimen for your examination, and he has consented to be here to-night to give you his views of the pathology of the case.

813 Sutter street.

A CASE OF PROTOZOIC DERMATITIS.

Read before the California Academy of Medicine.

By EMMET RIXFORD, M.D., San Francisco, Cal., Adjunct to the Chair of Surgery, Cooper Medical College.

I wish to express my thanks to Dr. W. S. Thorne and Dr. Luke Robinson, to whom I am indebted for the privilege of studying this most interesting case of skin disease, whose clinical history you have just heard, and for the opportunity of making a report of its pathology.

The case is identical with one now in the City and County Hospital, which was exhibited at the March meeting of the San Francisco Medico-Chirurgical Society, a brief account of which is published in the May number of the OCCIDENTAL MEDICAL TIMES of this year, in the minutes of that meeting. The complete history and pathological study of the case will shortly appear in the Johns Hopkins Hospital Reports.

These two cases are particularly important from a pathological standpoint, in that they present skin lesions containing *bodies which are demonstrably protozoa*. This condition must be extremely rare, for the literature contains only one similar case, I am told, which is reported by Wernicke, of Montevideo.

The lesion is essentially a group of hypertrophied papillæ, bathed in pus. The patches vary in size, the largest in this case being about one by two inches in diameter, while the individual papillæ are perhaps one-twentieth of an inch in diameter. The edges are elevated, congested, and slightly undermined. Gentle pressure on the patch causes more or less pus to exude from between the papillæ. This secretion, which is rather abundant, dries on the surface, forming a dirty crust, which, however, is easily removed. The lesion is evidently confined to the skin, for it is freely movable over the subcutaneous tissues.

The pus is filled with great numbers of protozoa, similar to those found in the first case; these are organisms spherical in form, having a highly refractive capsule, within which is contained a mass of

irregularly granular matter. In the older individuals, this central matter arranges itself into definite points or spheres, which are, without doubt, spores. At a later stage, the capsule ruptures, setting the spores free. Many intermediate forms are found between the newly-freed spores and the mature form; and then, too, there are to be seen numerous capsules which have ruptured. The organism in all stages, from the most minute form to the full-grown adult, present a capsule, excepting only the newly-freed spore.

Microscopical preparations of a patch which was excised from the case in the City and County Hospital show an atypical growth of epithelium, with prolongations of the inter-papillary processes into the sub-mucous connective tissue; numerous miliary abscesses in the thickened epithelium, the source of the pus, and peculiar collections of cells in the connective tissue of the corium, resembling miliary tubercles. These last consist of epitheloid cells, surrounding one or more giant cells, such as are seen in tuberculosis, *i. e.*, with peripherally distributed nuclei. In the interior of each giant cell, or in its immediate vicinity, there are found one or more protozoa, a few spores or a dead capsule. In the tissue from Dr. Thorne's case, the protozoa are much more numerous than in the other; a larger proportion of them are in the stage of sporulation, which, perhaps, accounts for the more rapid progress of the disease. In the few sections examined, no giant cells were seen—a fact which may be due to the short duration of the disease—just as in tuberculosis, where giant cells are most numerous in the chronic cases, *i. e.*, in fibrous tubercles. However, the atypical growth of epithelium is present with the numerous miliary abscesses containing the organisms.

The protozoa in the second case differ slightly from those found in the first, viz.: in being somewhat larger, in taking nuclear stains more readily and in presenting a large vacuole in the center in some forms.

The disease is accompanied with considerable pain and exquisite tenderness, as one would expect from the fact that the condition is a severe dermatitis, with little necrosis of tissue, so that the cutaneous nerve filaments remain to be subjected to severe irritation. It is terribly destructive; in the case in the County Hospital, it has invaded both orbits, destroying both eyes; it has destroyed the soft parts of the nose, half of one ear and much of the upper lip. It has entered the mouth and attacked the gums.

The condition has shown itself to be particularly rebellious to treatment. In the case at the County Hospital, a great variety of local applications were tried: bichloride of mercury, iodine, bromine, carbolic acid, methyl violet, turpentine, etc., were applied exter-

nally on lint and injected into the base of the lesions, all with practically no effect. Since the tissue of the lesion is soft and friable, it was thought the curette would remove the greater part of the disease and permit better access of the antiseptics to the deeper layers. The patches were thoroughly curetted and the raw surfaces scrubbed with a 1:500 bichloride of mercury solution. This treatment was effective wherever it could be applied. The resulting cicatrix is soft and pliable and shows no tendency to contract. The largest patch so treated was that on the back of the neck which was about six by eight inches in extent. It is now thoroughly healed. Some of the patches were excised *in toto* and the wounds closed by suture. These healed in most cases without reinfection.

The disease is distinct from Darier's Psorospermose Folliculaire Vegetante, in that it has no relation with the sebaceous glands which are primarily the seat of the latter affection, and it presents no sebaceous horns. Among other distinguishing features it should be mentioned that the organisms here are readily shown to multiply by sporulation, while this has not been made out satisfactorily in Darier's cases. In fact, grave doubt has been thrown on Darier's bodies being protozoa at all.

While the lesion under the microscope presents groups of cells greatly resembling miliary tubercles, the disease is probably not a tuberculosis in which the protozoa are an accidental complication. The uniformity with which the giant cells contain the protozoa, the fact that many sections were stained for the tubercle bacilli without their being found, and the fact that inoculation of rabbits with the protozoa-bearing tissue (animals which have almost no resistant power against tuberculosis) has in some cases produced chronic sores containing the protozoa and never a miliary tuberculosis, excludes all probability of this disease being tubercular.

The occurrence of this second case with lesions clinically and microscopically identical with the first, and the finding of protozoa in it differing but slightly from those of the first case, greatly strengthens the probability that the protozoa are the essential causative factor in the disease.

Dr. Thorne's patient was a native of the Azores Islands, but had resided here fourteen years; my patient was also a native of the Azores and had lived here seven years. Both were previously healthy and worked in the San Joaquin valley for some time before the trouble began. My patient had also worked about the docks in Port Costa and San Francisco, in unloading ships, many of which came from the tropics. It was thought possible that the infection was acquired in the hold of one of these vessels. However, since

two cases have occurred here, both hailing from the San Joaquin valley, it may be that the origin of the infection is nearer home.

If this be true, there must be more cases in California, and I take this opportunity to suggest that if any of the readers of this paper have cases resembling tuberculosis of the skin or mycosis fungoides, *i. e.*, with lesions elevated and consisting of hypertrophied papillæ, and secreting considerable quantities of pus, that they put a drop of the pus under the microscope and search for spherical organisms such as are described above. They are well seen with an ordinary one-fifth inch objective and two inch ocular. I should esteem it a favor if any similar cases should be reported to me, and in doubtful cases I should gladly make such microscopical examination.

If so destructive a disease is to become common in California (my case, it will be remembered, lost both eyes, his nose, and part of an ear, and Dr. Thorne's case died¹), it is important that the subject receive exhaustive study. From the limited observations thus far made, the only treatment that bids fair to be of permanent benefit, is early excision or complete erasion.

313 Ellis street,

STATISTICS OF MORTALITY FROM ANESTHESIA.

Read before the San Francisco Medico-Chirurgical Society.

By L. C. LANE, M.D., San Francisco, Cal.

Deaths from the administration of anesthetic agents occasionally occur, and will continue to do so, in spite of the greatest caution in their use; how great the chance of death from such agency is can only be learned from the reports of careful statisticians on this subject.

In 1880, in a work published by Dr. O. Kappeler, of Thurgan, Switzerland, on anesthetics, one finds the following figures:

In America, Dr. Andrews finds that in 117,078 cases of chloroform narcosis, there occurred 43 deaths; that is, 1 in 2,723 administrations.

Dr. Coles, in a paper read before a medical society of Virginia, gave the following report:

Ether	4 deaths in 92,815 cases.
Chloroform	53 deaths in 152,260 cases.
Ether and chloroform mixed	2 deaths in 11,176 cases.

Richardson, of England, collected 11 deaths in 35,165 administrations of chloroform.

In Edinburgh, Kerr finds 1 death in 36,500 administrations of chloroform.

¹ The patient died of exhaustion a few days subsequent to the reading of this report. No autopsy was permitted.

In a report of the war of the rebellion in America, there were 7 deaths in 80,000 administrations of chloroform.

Nussbaum, of Munich, reports that he had no death in 15,000 administrations of chloroform.

Kappeler states that when he was assistant surgeon to the hospital of Zurich, there occurred but 1 death in 5,000 cases of inhalation of chloroform.

The several reports given vary so greatly, that it is difficult to deduce a proper average from them; though some of the reporters endeavored to do so, yet their figures are not trustworthy.

In the 48th volume of the *Archiv. für klinische Chirurgie*, E. Gurlt, of Berlin, the famous statistician, has published the result of his studies, and which, as the most reliable work, probably, done in this field, I herewith present in summarized form:

Of 166,812 administrations of chloroform, in the period from 1889 to 1894, there occurred 63 deaths; on an average 1 in 2,647 administrations.

During the same period, among 26,320 patients anesthetized by ether, 2 died; that is, 1 in 13,160.

From a mixture of ether and chloroform, there occurred but 1 death in 8,014 administrations.

From a mixture of alcohol, chloroform and ether, known as "Billroth's mixture," there occurred 1 death in 4,190 administrations.

From bromide of ethyl, there occurred 2 deaths in 7,541 administrations.

Some years ago, Dr. Squibb stated that the deaths from anesthetics would probably be more accurately represented if the published cases were doubled, so as to represent the unpublished ones.

From recent experimentation it has been determined that in death from chloroform the heart continues to act for a time after breathing ceases.

Artificial respiration, in which the chest is caused to alternately expand and contract, is the usual method resorted to for resuscitating the patient in whom death seems impending from an anesthetic.

Kraske, in 1892, modified the Silvester method in this, that after five breaths, he closes the nose and mouth, and makes the inspiratory movement.

As additional aid, König has advised to make rapid pressure over the heart; such pressure should be repeated 120 times a minute.

652 Mission street.

CHRONIC INTERSTITIAL NEPHRITIS

By J. ELLIS RODLEY, M.D., Chico, Cal.

Read before the California Northern District Medical Society.

I desire to call attention to that form of Bright's disease, which is designated by the several synonyms, chronic interstitial nephritis, cirrhotic kidney, granular contracted kidney and gouty kidney; names which have reference to the pathological process characterizing the affection, to the anatomical change to be observed after death, and to the frequent association with a special diathesis, or constitutional state.

These anatomical changes and *post-mortem* appearances, both to the eye and to the microscope, are sufficiently familiar to render it unnecessary to rehearse them. It is to the clinical features of the disease, to the many and varied signs and symptoms which develop during its long and tedious course, that I would ask your attention. Of all the varieties of Bright's disease, this is the most gradual in its developments, the most prolonged in duration, and yet the most intractable and fatal.

My own experience has led me to believe that many persons suffering from this form of disease are treated for one of the complications which appear during its progress, and which, often excite no suspicion of the real nature of the complaint. It is not through ignorance, or even a want of familiarity with this disease, that it escapes detection in the early stages, but rather through incompleteness, and carelessness of investigation. The symptoms are so simple, so easy of explanation, that the inquiry of the physician is soon arrested, leaving the real disease to be discovered by a more thorough diagnostician. Stomach disturbances, nervous derangements, neuralgias, irregularities of the heart's action, painful and distressing lung affections, as asthma, are wrongfully diagnosed and treated as diseases, when they are really symptoms of a graver affection.

I feel satisfied that most of the subjects of this disease have been affected for some time before their condition is understood, simply because their complaints have been so trifling in their immediate effects upon their general health as to cause no anxiety. In other cases the patient has never sought medical advice, supposing himself to be in good health, until some urgent or distressing symptom causes him to seek relief.

Some years ago I was requested to see a gentleman, who, for some time, had been under treatment for "chronic pneumonia," which had resisted all medication; patient said that previous to this attack he enjoyed excellent health. Physical examination of the lungs showed

dulness on percussion over both bases, posteriorly. Auscultation revealed fine crepitant rales; there was cough with white frothy expectoration, and moderate dyspnea. These signs and symptoms, of course, indicated edema of lungs. The heart was enlarged, and auscultation revealed endocardial and exocardial murmurs. Urine specific gravity, 1014; albumin and granular and hyaline casts; there was no visible edema, with the exception of a slight puffiness of the lower lids. A thorough inquiry into the history of this case, revealed the fact that, although active, both mentally and physically, he had been a sufferer from digestive derangements, and at times shortness of breath on climbing or walking up hill.

By appropriate treatment the lungs were relieved, and the patient improved considerably. An unfavorable prognosis was doubtfully accepted by the family, who sought further opinion and advice, but the patient eventually returned to my care, and died 18 months after I first saw him. A few weeks before death, considerable dropsy of the lower extremities developed, and he suffered most distressingly from dyspnea.

This patient was regular in all his habits of life, and yet, notwithstanding his avoidance of excess, he had been a sufferer from dyspepsia, which, in the absence of other causes, must claim consideration as being a factor in the production of the disease.

Three years ago, Mr. D——, a large and healthy looking man called at my office to consult me. As he walked across the room, I noticed that there was more shortness of breath than ought to have been caused by walking up the stairs. He informed me that he had a cough with white, frothy expectoration, and that Dr. —— had told him he had bronchitis, but had done him no good. Physical examination of the chest showed dulness over both lungs, posteriorly. There was hypertrophy of the heart; the urine contained albumin and granular and hyaline casts. There was no dropsical effusion, except in the lung. The patient always considered himself to be in good health, and although he indulged freely in liquors had never before been seriously ill. He was very much distressed at my diagnosis and prognosis, and went to San Francisco where he was treated for bronchitis, asthma and stomach trouble. He finally returned to me, having meanwhile developed a moderate amount of dropsy, with considerable difficulty of breathing. He rapidly grew worse, and medication seemed to give little relief; the dropsy gradually increased, and he died in a short time from uremic poisoning. In these two cases no suspicion of the real disease was excited and no urinary analysis had been made, because of the incorrect diagnosis of lung complication.

About eighteen months ago, I was called to the Park Hotel to see a gentleman, about 50 years of age, who had come from Buffalo, N. Y., with a party of friends, on a pleasure tour of this State. He was taken suddenly ill shortly after his arrival at Chico. I found him suffering intensely from orthopnea, and physical examination revealed considerable edema of both lungs. The urine contained albumin and hyaline and granular casts. The heart was hypertrophied, pulse quick and of high tension. No dropsical effusion was manifest, except in the lungs. Patient claimed to have always enjoyed good health up to this time. Jaborandi was given with good effect; the dyspnea was relieved, and in a few days he was enabled to resume his journey homeward.

It is not infrequent for just such accidents as this to first draw the attention of patient and physician to a serious organic lesion in an individual of apparently good health, or who had, at least, no complaint compelling him to seek professional advice. It would seem that in such cases the changes in the kidney have not advanced so far as to destroy its activity, but that in its crippled condition, with sudden exposures to cold or to climatic changes, the function of the skin is interfered with, and disturbance in the circulation of the kidney occurs. The altered state of its blood supply favors and maintains congestion, so that its function is decreased, and rapid effusion into that part whose structure offers the least resistance. Therefore, the lung is most apt to suffer in these attacks.

The case of G. S—— furnishes a fair illustration of this type. He was engaged in the livery business, part of his duties consisting in going to meet an early morning train. After these trips, on a cold morning, he was attacked with dyspnea and vertigo. His physician diagnosed asthma, and for 15 months he was under treatment for that disease, being unable to lie down at night, but taking what rest he got in a chair. Notwithstanding, all this time he was actively engaged in business, till one morning he was so much worse that his physician honestly declared he did not know what was the matter. Under these circumstances I was sent for. I found the patient suffering from the most intense dyspnea, the face anxious, and the pulse tense and bounding. Physical examination revealed dulness over both lungs, posteriorly. Urinary analysis showed albumin and casts in abundance. There was slight anasarca in the ankles, with puffiness of the eyelids.

The diagnosis necessarily led to an unfavorable prognosis, which the family received very reluctantly. Dr. Stansbury, who saw him with me at this time, fully concurred in the diagnosis. Under appropriate treatment, the edema disappeared; he was enabled once

more to sleep in the recumbent position, the cough ceased, and for some time he enjoyed very fair health. About this time he took a long and arduous trip to the mountains, which, from the cold and exposure, necessarily brought about a return of the edema of the lungs. He returned in a desperate condition, suffering intensely from dyspnea, which soon assumed the form of Cheyne-Stokes respiration, and continued, more or less constantly, up to the time of his death. During the last few weeks, a high degree of edema of the lower extremities, involving the thighs and scrotum, also developed.

The most constant feature in the subjects of contracted kidney is the absence of visible dropsy in the earlier stages. It is important to lay stress upon this point, since it is to this feature that may be due the oversights in the recognition of the disease. I am inclined to believe that among the many causes to account for the production of disease none is more frequent than long, persistent dyspepsia. The frequent repetition of over indulgence at table, either eating or drinking, results in gastric discomfort and subsequent derangement of the urinary apparatus, which in time must beget an irritation of the cellular elements of the kidney; the nutrition of these cells, through deranged circulation, is impaired, and the first step toward slow chronic inflammation, involving the connective tissue and causing desquamation of the epithelium of the uriniferous tubules, takes place. If the urine be examined at this time, it may be free from albumin, but the microscope will reveal epithelium from the tubules of the kidney.

The same condition exists after the administration of diuretics, which are known to cause irritation of the kidney, such as cantharides, turpentine and balsam of copaiba. Gonorrhea may therefore be classed as an indirect cause of chronic nephritis, not through extension of the gonorrheal inflammation, but through the influence upon the kidney of the remedies administered. If the irritation be continued from any cause, the delicate basement membrane of the tubules being denuded of its epithelium, is thus directly exposed to the action of the irritating agent; the supply of blood is increased in the adjacent blood vessels, transudation takes place into the uriniferous tubules, and we find uriniferous casts and epithelium in the urine. Increased blood supply and escape of new germinating material into the connective tissue stimulates it to activity, and so we have proliferation of its cellular elements and growth of the tissue itself. This new tissue undergoes contraction and obliterates the malpighian tufts and tubules of the kidney.

The lesson to be learned from this theory of the disease and the operation of its causes is, that attention should be given to all cases of

persistent dyspepsia, bearing in mind not only the effect upon the stomach and intestine, but the remote and lasting derangement of the kidneys, upon the action of which so much depends. The frequent use of the microscope in all cases of aggravated dyspnea furnishes a safeguard against error and an early warning of the beginning of mischief.

THERAPEUTICS A SCIENCE OF PRECISION.

By E. J. BOYES, M.D., C.M., Oakland, Cal.

It were trite to say that the field of medicine is thronged with countless drugs and drug compounds. The fact is in bewildering daily evidence. Of these, some are good, others indifferent, and many vicious, in their exhibition as therapeutic agents. Moreover, this overwhelming swarm of medications is impossible in another respect than the numerical. I refer to the disturbing variety in potency and in form, in which they appear in our hands for exhibition.

To a man entering upon the practice of medicine, it must be appalling, since so many of us, after years of practice, during which we have crystallized our *materia medica* diligently, feel somewhat dizzy when we try to appreciate the remedial measures of to-day. Surely, never in the history of medicine were there such multitudinous preparations, and humbly we trust it may be otherwise soon. It would appear that nature had been exhausted to contribute, and still they come, bringing with them discouraging confusion of opinion as to the merit of each. As if to add to the difficulties of recognizing these hordes, and striving to cultivate a fair acquaintance with a sufficient number in their ranks to constitute an armamentarium for actual warfare in daily practice; as if to make confusion worse confounded, I repeat, we are called upon to estimate the virtues of each, in form of tincture, infusion, fluid extract, emulsion, normal liquid, cordial, elixir, essence, pill, capsule, tablet, etc., *ad nauseam*. Briefly, we find ourselves (or are lost, rather,) in the midst of a vast assemblage, whose members take on a variety of disguises.

You will all admit the truth of these premises. They do not originate with me, but are the puzzled wail of thousands in our ranks. But now for the remedy. We are all agreed as to the evil. Is there any way out? How shall we proceed? Can any one man hope, from day to day, from year to year, to work and at the same time enter into elaborate research regarding every drug in each form in which it is manufactured to-day? Failing in that, is it wise to be content with our old knowledge and to ignore innovation and

progress, and thus be without many splendid, new, keen weapons of modern medicine? Certainly, no one would seriously advocate either of these extremes; and yet the profession is strung all the way along the line between the two positions.

But there is one alternative. There is a method of therapeutics now coming into use that is relatively as clear and definite as the science of surgery, and keeps pace with progress in pathology and physiology. Its development and perfection will, as the years go by, redeem medicine from empiricism and establish therapeutics as a science of precision.

I refer to the use of active principles, singly and in intelligent combination. Who would think of using opium when he desires the physiological effects of codeine, or the results to be got from morphine, or the selective action of apomorphine? Or who would prefer the crude, bulky drugs from which we obtain quinine, strychnine, or atropine? Then, why should any one exhibit digitalis in tincture or fluid extract, *et al.*, thereby giving his patient the dubious benefit of digitalium and digitoxin, as well as the digitalin, the desired principle? It is obvious what the verdict must be. And so we might go over a long list of potent medicines, and would find it possible to get corn, removed from the cob, and the husk thrown away.

What is true of morphine and quinine is as true of aconitine, and hyoscyamine, and pilocarpine, and gelseminine, etc. In short, I claim it is evident that there is one intelligent and scientific pharmacology, and one only, and that is alkaloidal in principle. Moreover, now that the system is so complete, I am amazed that a larger part of the profession has as yet failed to take advantage of it.

Clay and Thirteenth streets.

A CASE OF NORMAL PREGNANCY IN A WOMAN WITH ONLY A PORTION OF ONE OVARY.

By B. SHERWOOD-DUNN, M.D. (Paris), Paris, France.

A California surgeon lately on a visit to Paris, expressed some doubt as to the possibility of pregnancy in a woman possessed of only the part of one ovary, and having observed this occur, after operations similar to the following, in several cases, I promised to report in the OCCIDENTAL MEDICAL TIMES the first instance that should present itself in our hospital service.

The opportunity has arrived sooner than I could have expected. The patient, a woman of 36 years, came to Broca Hospital the 12th of September, in the second stage of labor at term, and two hours later was delivered of a female child, weighing 6 pounds and 12 ounces. The child was well formed and strong, and left the hospital

with its mother eleven days later. The hospital matron called my attention to the case as being one of our former operations that I wished to note, and it proves to be very interesting.

This woman is the mother of five children. Her confinements were uncomplicated and free from subsequent accident until the birth of the fourth child. Some time after this the region of the left uterine appendages became extremely painful and sensitive, accompanied by an abundant leucorrheal discharge. The pain gradually increased until by crisis she several times lost consciousness. For two years she frequented different clinics, being treated by injections, intrauterine applications, cervical cauterization and glycerin tampons. She entered Broca Hospital in October, 1892, for examination, and when told that nothing but an operation could relieve her, she left, but returned January 18, 1893. Between the dates of her departure and return she suffered constantly, being confined to her bed the greater part of the time.

The hospital record shows she was operated upon February 10, 1893, by Professor Pozzi. Examined under chloroform immediately preceding the operation, the vaginal walls were found relaxed, permitting the uterus to fall somewhat. Through the left lateral vaginal *cul-de-sac* a hard, corrugated tumor was felt (parenchymatous salpingitis) with probable thickening of the appendages. Through the right lateral *cul-de-sac* the uterine appendages were made out with difficulty, and found to be little, if any, increased in volume. The lesions discovered were determined to be of long standing (perimetritis, perisalpingitis, etc.).

Laparotomy was performed. The left ovary brought through the opening was found to be friable, with irregular protuberances of fibrous character and numerous sanguineous cysts (sclero-cystic degeneration). The fallopian tube was thickened, its extremity livid and extrophiated, but permeable. Despite this fact it was thought best to remove it with the ovary. The right ovary brought into view, presented a tumor at its external border of the size of two peas (cyst of the corpus-luteum). The remainder of this ovary appeared healthy. The fallopian tube was thickened and congested. Passing a stilet through its lumen proved it to be unobstructed, and it was decided to excise the small ovarian tumor, which was done by resecting at this point about one-quarter of the body of the ovary. The borders of the wound thus made were brought together and sutured with fine catgut. The slight hemorrhage resulting was arrested by aid of the thermo-cautery. The ovary and tube were returned to the abdominal cavity and the abdominal incision closed.

The patient recovered rapidly and left the hospital on March 12,

and we did not see her again until her entry for her present confinement. I learned in interrogating the woman that since the operation she has been free from pain, improved in general health and condition and commenced menstruating three months after the operation.

15 rue des Pyramides.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M.D., Sacramento, Cal., and

HENRY GIBBONS, JR., M.D., Professor of Obstetrics and Diseases of Women, Cooper Medical College, San Francisco, Cal.

Oxalic Acid as an Emmenagogue.—The emmenagogic effects of oxalic acid, given in doses amounting to 2 grammes a day, are very marked, but its disagreeable taste is a disadvantage. It may be made more acceptable if put up according to the following formula:

Oxalic acid.....	gm. 2
Neutral glycerin.....	gm. 40
Orange flower syrup.....	gm. 60
Water.....	gm. 400

One-quarter of a glass every hour.—*Gazette de Gynécologie*, August 15, 1894.

Treatment of Diphtheria by Sero-Therapy.—Animals may be rendered refractory to diphtheritic inoculation by the injection of increasing doses of the soluble products of the Leoffler bacillus cultures, and the blood serum of these animals injected into other animals of the same or of different species, exercises a similar protective influence. When this germ is injected into subjects already inoculated with toxic products, it acts as an antidote to those products, while rendering the organism refractory to future inoculation. Horses are preferable for these experiments, because they furnish serum of a high anti-toxic quality, and they are capable of affording large quantities without injury to their own health. This method of securing immunity from diphtheritic poison was introduced by BEHRING and his collaborators, and it has been applied to the treatment of children suffering from diphtheria with most encouraging results. At the Children's Hospital, in Paris, during the four years from 1890 to 1893 inclusive, there were 2,029 deaths in 3,971 cases, or 51.71 per cent. At the same hospital, during the first six months of the present year, M. BRUX, of the Pasteur Institute, inoculated 448 children suffering from diphtheria, with serum obtained from a horse previously rendered refractory to this disease. The percentage of deaths was 24.5 per cent., or in round numbers, one-half as great as before. This result is the more valuable because all the other conditions of treatment remained exactly the same. Among 520 cases treated at the Hospital Trousseau during this time, the mortality reached 60 per cent. The figures furnished by M. Brux are taken *en bloc* and include the severest forms of diphtheria, as well as those cases—on the average 1 in 4 in the diphtheria ward of every hospital—in which sore throat is accompanied by false membrane, but is free from diphtheria bacilli. Analysis of these figures show that while the serum injections were of evident benefit in all kinds of diphtheria, the best results were obtained in the class of pure diphtheria, in which the mortality was only 75 per cent. Local and general

improvement was almost immediate in cases of pure diphtheria, treated from the beginning by sero-therapy. False membrane was easily removed, and, after a few days, ceased to appear. The larynx was more rarely invaded, croup was cured without surgical intervention, and secondary accidents were of less frequent occurrence. DR. ARONSON, a German, who has treated 169 cases according to this method, reports a mortality of only 11 per cent. M. Brux is so enthusiastic concerning sero-therapy that he thinks no local treatment necessary except washes of boracic acid solution. This is going too far. It is safer to combat such an enemy with two weapons than one. The removal of a mass of microbes, thus preventing the spread of their toxic products through the system, must be beneficial. We must take care, however, to avoid excoriation of the mucous membrane, or we may add therapeutic poisoning to the poisoning already existing.—*Gazette des Hôpitaux*, September 25, 1894.

SURGERY.

By T. W. HUNTINGTON, B.A., M.D., Surgeon Southern Pacific Company's Hospital Sacramento, Cal., and

G. F. SHIELS, M.I., C.M., F.R.C.S.E., Surgeon Post-Graduate Department University of California, San Francisco.

Appendicitis Obliterans.—In a paper on this subject (*Journal American Medical Association*) SENN formulates the following conclusions: (1) Appendicitis obliterans is a comparatively frequent form of relapsing inflammation of the appendix vermiformis. (2) It is characterized by progressive obliteration of the lumen of the appendix, by the gradual disappearance of the epithelial lining and glandular tissue, and the production of granulation tissue from the submucous connective tissue, which, by transformation into connective tissue and cicatricial contraction, starves out remnants of glandular tissue, and finally results in obliteration. (3) The obliterating process manifests a progressive tendency, and may finally result in a complete destruction of all glandular tissue and obliteration of the entire lumen. (4) The incipient pathological changes occur either in the mucous membrane of the appendix, in the form of superficial ulceration, or as an interstitial process following lymphatic infection. (5) The most constant symptoms which attend this form of appendicitis are relapsing acute exacerbations of short duration, moderate or no appreciable swelling at the seat of disease, and persistence of soreness and tenderness in the region of the appendix during the intermissions. (6) The process of obliteration may begin at the distal or proximal end, or at any place between, or it may commence simultaneously, or in succession at different points. (7) Obliteration on the proximal side gives rise to retention of septic material, which finds an outlet through the lymphatics, giving rise to non-suppurative lymphangitis and lymphadenitis. (8) Circumscribed plastic peritonitis is an almost constant concomitant of appendicitis obliterans, and hastens the process of obliteration. (9) Complete obliteration of the lumen of the appendix results in a spontaneous and permanent cure. (10) In view of the prolonged suffering incident to a spontaneous cure by progressive obliteration and the possible dangers attending it, a radical operation is indicated, and should be resorted to as soon as a positive diagnosis can be made.—*Therapeutic Gazette*, September, 1893.

Aseptic and Septic Surgical Cases with Special Reference to the Disinfection of Skin, Sponges, and Towels.—LOCKWOOD, in a paper upon this subject (*British Medical Journal*), says: The difficulty of rendering the skin sterile, as has been so often remarked upon, is emphasized by his present

investigations. In a number of operations the skin was disinfected with the greatest care, after the most approved modern methods, including vigorous scrubbing with soap and warm water, followed by carbolic lotion 1:20, bichloride lotion 1:1000 and 1:500, solution of potassium permanganate and solution of oxalic acid; notwithstanding, small portions of skin dropped into culture-tubes invariably resulted in the growth of one or more of the various bacteria which infect the skin. Some of the operation wounds, however, ran a sterile course. The comparative inefficiency of corrosive sublimate and carbolic acid to inhibit bacterial growth was demonstrated by mixing solutions of these chemicals, in different proportions, with broth cultures, and it was found that inoculated colonies continued to grow in these media. The failure of watery solutions to penetrate the pores of the skin has been recognized for some time, and an effort made to overcome this defect in the *technique* by employing alcohol, ether, or benzine. In view of this fact the author was induced to employ glycerin as a vehicle for applying the chemical antiseptic. Accordingly bichloride in glycerin 1:2000, and carbolic acid in glycerin 1:40, were applied after the usual preparation of the skin, 24 hours before operation. This plan was more successful. In about half of the cases test-tubes inoculated with fragments of skin so prepared remained sterile. Inasmuch as biniodide of mercury is not precipitated by albumin, it was thought that this substance might yield more satisfactory results. Of two trials, however, the skin was found by culture-experiments to have been aseptic in one and to contain staphylococcus albus in the other. Of 21 experiments upon the disinfection of the skin which have been carefully detailed, 7 were successful—in 6 the wounds healed by first intention, without either local or constitutional reaction. In 14 of the cases the skin was septic—9 of these healed by first intention and 5 suppurated. In none of these, however, was the suppuration severe or prolonged. In regard to disinfection of the hands, the author states, the best results have followed the usual thorough scrubbing with soap, hot water, and nail-brush, cleansing the nails and then immersing for one minute in a 1:1000 solution of sublimate in alcohol. The observation on the disinfection of towels is interesting: Three of four towels which had been soaked for two hours in 1:20 carbolic solution were found to contain staphylococcus pyogenes albus. In another case a towel which had been kept in carbolic solution 1:20 for 24 hours grew a bacillus. In another case a towel which had been immersed for 24 hours in a solution of the same material was sterile. The result of the use of bichloride was also not uniform. Of 6 experiments in sterilizing towels by the steam sterilizer for a half-hour, 5 were successful and 1 failed. The latter was attributed to the towel having been tightly folded during the sterilizing process. By taking the precaution of placing the towel loosely in the sterilizer, the author believes this method may be relied upon; the towels being kept, of course, in antiseptic solutions after being taken from the sterilizer. The sponges were prepared as follows: If new they were well shaken, then soaked in a solution of hydrochloric acid (1 drachm to a pint) for 24 hours. Next they were thoroughly washed and squeezed out in water at the temperature of 100° F.; and then immersed in a cold solution of sulphurous acid (1:5) for 12 hours, being kept below the surface of the water. Lastly, they are squeezed as dry as possible and placed in carbolic solution 1:20, ready for operation. Of 12 experiments with sponges so treated, 11 were found to be sterile, the failure having occurred when the process was carried out by an experienced person. As carbolic acid evaporates rapidly, the jars containing the sponges must be tightly

stoppered. These experiments show that asepsis is with the greatest difficulty obtained by the use of chemicals, but once secured, either by this means or by heat, dilute solutions of chemicals suffice for its continuance.—*American Journal of Medical Sciences*, August, 1894.

OPHTHALMOLOGY. OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M.D., Sacramento, Cal.

A Case of Laryngectomy by a Novel Method.—DR. H. L. SWAIN reports the case of a laryngeal epithelioma removed by a new method. A sponge Trendelenburg canula was introduced into the trachea. The skin was incised from the sternum to the hyoid bone, with a cross cut to the sterno-cleido mastoid. The larynx was carefully laid bare and bleeding checked. When all was cleared away, a director was carefully passed back of the trachea, between it and the esophagus, and the larynx severed from the trachea. The larynx was carefully dissected away from the anterior wall of the esophagus, from below, upward. When the arytenoid cartilages were reached, the direction of the incision was changed and directed toward the base of the epiglottis, including in its path the mucous membrane covering the arytenoids and portions of the ary-epiglottic folds. The epiglottis was cut through the tuberculum, and the larynx soon freed from all attachments. The epiglottis was then stitched to the posterior border of the opening, which had been the rima glottidis, and closed the ring completely, thus bringing the epiglottis in contact with the arytenoid mucous membrane, converting the ring into a linear wound running from side to side. The wound was united by continuous catgut sutures. A few strong sutures were introduced into the upper end of the trachea to prevent its slipping down. The result of this operation gave the following advantages over the older methods of operating: (1) The danger to life from inspiration pneumonia was very much less, owing to shutting off the mouth. (2) The patient can swallow as freely as usual. (3) The most wonderful of all, in at least three of the cases, similarly operated, a useful voice, fully as satisfactory as with an artificial larynx, was obtained, and without the trouble that this latter entails. The possibility of recurrence by the irritation of the foreign body—the artificial larynx—could also be avoided. (4) There is less disfigurement than when wearing an artificial appliance. The author followed this method from seeing a patient that was presented by J. Solis-Cohen, who was able to talk easily and audibly with no communication from the pharynx and trachea.—*New York Medical Journal*, October 13, 1894.

Corneal Suture in Extraction of Cataract.—DR. E. KALT says that Dr. H. W. Williams, of Boston, published encouraging results of corneal sutures after cataract operation, in 1867. Others have since recommended the procedure. The author uses a very fine, short, sharp-pointed needle, and thin but strong silk threads. The needles, when armed, are sterilized in hot air and kept for use in sterilized paper envelopes. After cocanization and disinfection, he passes the needle through the cornea, in the vertical meridian, about 1 mm. underneath the limbus; the point, without penetrating the anterior chamber, emerges at the juncture of the opaque border, and the thread is drawn. Then the needle is introduced, about 1 mm. above its point of exit, into the scleral tissue, as in muscular advancement. As soon as the point has penetrated the resistant tissue, it is drawn out again in order to involve as little of this tissue as possible. As it is impossible to draw the needle out at right angles, about 2 mm. of

conjunctiva is engaged, which is of no importance. In drawing the thread, leave a loop, which is placed sidewise toward the nose, and spread out carefully so as to avoid twisting. In making the corneal incision, care must be taken that the knife passes nicely through that portion of the cornea which the suture has left free. Then the speculum is removed and the cataract is extracted as usual. When the iris is well in position, the assistant raises and holds the upper lid, and the thread is tied. The suture does not inconvenience the patient and is rarely removed before the tenth day. Cutting of the thread with the Graefe knife must be carefully guarded against. In tying the thread one should draw on the superior, scleral end. In 50 cases operated on by the author, by the aid of corneal sutures, there were only two slight hernias of the iris. This showing encourages him to believe that it is an advance in extraction without iridectomy, largely doing away with the objection to the simple method.—*Archives of Ophthalmology*, October, 1894.

Electrolysis as a Treatment for Deviations, Spurs, and Ridges of the Nasal Septum.—DR. WM. L. BALLENGER reports several cases in which the result of treatment of nasal septum deflections were treated by electrolysis with excellent results. The author does not recommend electrolysis to the exclusion of other treatments, but in suitable cases he finds it superior to any other method. He quotes the following *technique* as recommended by Drs. Moure and Bergonié: Each needle is isolated, except so much of the point as is needed to penetrate the bony growth. The needle connected with the negative pole of the battery is introduced into the spur or other thickening in a line with the axis of the nasal fossa, parallel with the septum. The one connected with the positive pole is placed over or above the negative. Do not put the needle too near the base of the deviation, in order to avoid perforation of the septum. The strength of the current should vary from 18 to 25 milliamperes, according to the volume and density of the growth, and should be from 12 to 15 minutes in duration. Often a spur can be removed at one sitting, and recovery is more prompt than after the sawing operation.—*Journal American Medical Association*, November 10, 1894.

The Treatment of Corneal Ulcers by Iodoform, Boracic Acid, and Gelatin Discs.—DR. G. C. SAVAGE makes favorable comment on the treatment of corneal ulcers by the use of iodoform, boracic acid, and gelatin discs, as discovered by Dr. Mules. The method is as follows: Cocainize the cornea, cover the diseased part with one of the discs and apply a bandage. He claimed that the ulcers would be healed under this treatment in three days. He did not change the bandage during that time. Dr. Savage has tried the method in a number of cases and finds that some recover in three days, as Dr. Mules claims. Dr. Savage thinks it best to remove the bandage and reapply a disc each day. The discs have been made by Messrs. Vaughn & Porter, of Nashville, Tenn.—*Ophthalmic Record*.

DERMATOLOGY, SYPHILIS AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M.D., Sacramento, Cal.

The Treatment of Cystitis.—M. LAVAUX believes several remedies to be of real value. Sodium bicarbonate, in thirty to ninety grains, is the remedy of choice when the inflammation is due to irritation, as from cantharides; it is absolutely contraindicated with ammoniacal urines. Sodium borate has a favorable action, according to the doses which are employed; thirty grains seem to act as an alkali; in ninety grain doses it acts as a feeble antiseptic, and is of some value

if the cystitis is one of vesical infection, but it is not well borne by some stomachs. Sodium benzoate, benzoic and boric acids are better borne, but appear to be but little more energetic than the last mentioned remedy. More efficacious is salol, but it is a dangerous remedy, and can cause severe accidents. It should be prescribed in from thirty grains to two drachms, the latter being too great. It must be used in small doses if the patient suffers from renal lesions. The pure essence of yellow sandal is quite active in the cystitis of blennorrhagic origin, but it often is badly eliminated by the kidneys, which it may irritate; it frequently gives rise to renal pain and, indeed, it may aggravate the cystitis. One drachm to one and one-quarter drachms is a safe dose. Turpentine, even in acute conditions, may be of value, ten drops being a sufficient dose. Buchu is better borne by the stomach than tar, eucalyptus or uva ursi. If mineral waters are used, those of feeble mineralization, as Evaux, are preferred, although in acute cases, Vichy or Vals may be valuable. Pain is best relieved by direct anesthesia of the urethro-vesical mucous membrane. Morphine subcutaneously, opium with belladonna or gelsemine in suppository, chloral by the mouth, may be of value, but they are indirect methods. The direct method by lavage without catheter and anesthesia of the mucous membrane, by cocaine hydrochlorate or nitrate, an antiseptic of the lower urinary tract, are those of choice. The objections to local treatment are obviated when strict antiseptic is obtained, and pain is not caused if the bladder is not distended. A warmed 2 per cent. solution of boric acid is unirritating.—*Chirurgie contemporaine des Organes Genito-urinaires*.—*American Journal of Medical Sciences*, November, 1894.

Treatment of Pityriasis Capitis.—UNNA (*Révue de Thérapeutique Médico-Chirurgicale*) offers as the best treatment for pityriasis the following pomade:

Sulphur precipitat.	.....	1 to 3 parts.
Unguent. simplicis	.....	30 parts.

Before applying this ointment the head is washed with potassium soap. At least two applications are made each week; best when done by a barber. This treatment acts as a prophylactic against seborrheic eczema of the rest of the body. When there is marked falling of the hair, it is best to add to the above recipe two to ten per cent. tincture of cantharides. Additional applications may be necessary, when either a pomade of resorcin, two to five per cent., added to sublimate, 1 to 1000, or of sulpho-phenate of zinc, one per cent., may be employed. For the incrusted forms the following may be used:

Zinci oxidi	.....	6 parts.
Sulphur precipit.	.....	4 parts.
Kaolin	.....	2 parts.
Adipis benzoat.	.....	28 parts.

Sig: Two or three applications daily.

For excessive desquamation:

Chrysarobin	.....	2½ parts.
Acid. salicylici	.....	1 part.
Ichthyol	.....	2½ parts.
Vaseline	.....	44 parts.

M. et fiat unguentum.

—*Therapeutic Gazette*, November, 1894.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M.A., M.B., C.M., Professor of Clinical Medicine, University of California, San Francisco.

Bichromate of Potassium as a Remedy in Gastric Affections.—We offer the following synopsis of a paper on the above subject, which was read at the International Medical Congress by PROF. T. R. FRAZER: Notwithstanding the

assertion made in 1883, by so high an authority as Vulpian, of the value of bichromate of potassium in the treatment of several forms of gastric disturbance, this substance has not yet gained a position among the many substances that are used in the treatment of these affections. Having, in 1884, treated with gratifying success a case of persistent gastric disorder by the administration of small doses of bichromate of potassium, I have since that time administered it in a large number of cases, and the results have been so favorable that I feel myself justified in now stating my opinion of the therapeutic value of the substance. The cases have been recorded in two groups, the first group comprehending 18 cases of various forms of dyspepsia unassociated with evidence of gastric ulcer, and the second group 10 cases in which distinctive symptoms of ulcer had been present at some previous time. The doses administered in the above cases have varied from $\frac{1}{2}$ grain to $\frac{1}{4}$ grain twice daily, and in most instances the smaller dose was found to be sufficient. The dose should be given during fasting, and on as empty a stomach as possible. The administration was effected in the form of pills, or an aqueous solution which may be flavored with tolu or orange. An examination of these cases shows that bichromate of potassium is capable of relieving, and often in a short time of removing, the entire group of symptoms—if we except constipation and anemia—encountered in dyspepsia, and especially pain, nausea, vomiting and gastric tenderness. In a few cases of acute gastric ulceration, with hematemesis, in which I have given bichromate of potassium, the results were not favorable, as it did not succeed in checking the bleeding. Bichromate of potassium possesses a strong anti-putrefactive power, which is exhibited in albuminous, saccharine and phosphatic urines, even with a 0.01 solution. This action probably constitutes one of the causes of its anti-dyspeptic therapeutical value, but there are undoubtedly other causes, such as direct or indirect analgesic action, and probably a selective action on the nutrition or function of certain histological structures, which I am now engaged in endeavoring to determine.—*Lancet*.

The Effect of Iodide of Potassium on the Blood.—According to DR. T. V. ISHUNIN, of St. Petersburg, who has examined the blood of 15 patients and 4 healthy persons, before and after taking iodide of potassium, the effect of quantities of this drug, ranging from 15 to 30 grains *per diem*, on non-syphilitic patients and on healthy subjects is, during the first two or three days of its administration, to increase the number of young corpuscles and to diminish the number of over-mature white corpuscles in the blood, and at the same time to increase the number of those breaking up. As to the total number of corpuscles per cubic millimeter, the effect of the iodide appears to be to cause an increase, but a slight one. When the iodide is given to syphilitic patients, the over-mature elements increase in number, and the immature white corpuscles and those which are breaking up decrease.—*Lancet*, September 8, 1894.

Fatal Injection of Cocain.—DR. RECLUS recently reported a case to the Société de Chirurgie, in which immediate death followed a urethral injection of cocain. A man, aged 62, suffered from prostatic retention of urine. Hypogastric puncture was performed, and on the following day renewed attempts to pass a catheter were unsuccessfully made. As a preliminary to a final effort before resorting to a more serious operation, the surgeon injected into the urethra 20 grammes of a 5 per cent. solution of cocain. As 20 centigrammes of a 2 per cent. solution is a more than full dose, the Society was not surprised to hear that the patient of Dr. Reclus' confrère died on the spot.—*Press Médicale*.—*Dublin Journal of Medical Science*, July, 1894.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M.D., Professor of Pathology, Cooper Medical College, San Francisco.

The Treatment of Chloro-Anemia.—PROF. RUMMO recommends the following mode of administration of iron in cases of the above infection, for the ensuing reasons: (1) Its applicability in all cases of chloro-anemia. (2) Its intense action on the hematopoietic organs. (3) The possibility of conducting all the iron directly into the circulation. (4) The therapeutic results are rapid. He has employed the various preparations of iron, giving preference, however, to the following solution—

R. Ferr. Citrit. Ammoniat. gm. 1.0
Aq. Destil. gm. 10.0

Of this solution, $\frac{1}{2}$ to 1 cubic centimeter is injected daily in the interscapular region, and is equal to from 0.05 to 0.10 of the iron preparation. The injections produce no local or general reaction, beyond a slight burning, lasting a few minutes, at the point of injection. An increase in the number of red blood corpuscles is noted after the second injection.—*Wiener med. Presse.*

The Etiology of Chlorosis.—MEINERT directs attention to certain constant anatomical changes met with in typical chlorosis. In 60 cases examined, he found prolapse of the stomach (gastroptosis). Gastroptosis was a manifestation of enteroptosis (intestinal prolapse). Fifteen per cent. of his cases were complicated with wandering kidney of the right side, and in one case movable kidney on both sides was noted. The origin of the prolapse of the viscera was purely mechanical, and provoked by pressure of the liver on the lesser curvature of the stomach and pylorus. The conventional dress of the female, by diminishing the lower thoracic aperture, conduces to this mechanical dislocation of the abdominal viscera. After the apparent cure of chlorosis, the anatomical substratum, visceral prolapse, persists, which explains the frequent relapses of the affection. Women, previously chlorotic, show later in life the symptom complex of hysteria, which can always be referred to the dislocated abdominal viscera. Chlorosis is, as Trousseau has already shown, a neurosis. The foundation of the neurosis is enteroptosis (Glenard's disease). In boys whose thoraces are deformed, as in hereditary phthisis and rachitis, chlorosis is frequently observed. A well-formed, elastic thorax, not deformed by pressure, will exclude chlorosis.—*Münchener med. Wochenschrift.*

Syphilitic Spinal Paralysis.—OPPENHEIM directs attention to this affection, recently described by Erb. The gait is stiff-legged, although relatively there is little muscular rigidity; there is an increase of the tendon reflexes and the motor loss is relatively slight. Unlike the ordinary variety of spastic paralysis, there is almost constant weakness of the bladder and sexual power, and slightly marked disturbances of sensation. The condition requires months or years for its development. There may be improvement after inunction. The patients do not become paraplegic as a rule, as is the case in transverse myelitis. Oppenheim believes that myelitis plays an important role in the clinical history of spinal syphilis. Recent investigations in spinal syphilis have demonstrated that the chief form consists in a meningo-myelitis, the lesion beginning in the membranes. Pathological anatomy has further demonstrated the lesion to be limited to the dorsal cord. The symptoms are not always characteristic, and the prognosis is not favorable, although the disease may show a tendency to improve, to get well, or it may remain stationary.—*Berliner klin. Wochenschrift.*

Cold Compresses in Pulmonary Diseases.—M. C. GENDRE advocates, for acute diseases of the respiratory passages and in acute stages of chronic respiratory diseases, the permanent wrapping of the thorax in cold water compresses. In cases where hyperemia occurs, he has found preferable to all other revulsive measures the permanent wrapping of the thorax in compresses soaked in cold water, wrung out so as to be merely damp, and covered with thin oil-cloth. These compresses should be renewed every half hour or hour, according to the condition of the patient. This may be used with children or even infants. It diminishes dyspnea more rapidly than any other measure, by slowing and amplifying the respiratory movements and by quieting the nervous system. In grave broncho-pneumonia it works admirably. Some advise leaving the patient in a wet pack for two or three hours. Diaphoresis and diuresis are induced by this procedure.—*Médecine Moderne*.

Acute Articular Rheumatism.—A. STOLL has formulated his conclusions on 572 cases of the affection treated during the last ten years, at the Zurich clinic. Half the cases occurred during the third decennium; men were twice as often attacked as women. As causes, cold was cited as the chief etiological factor. The affection began usually with a series of slight chills; 10 times there was a decided chill, and in 16 cases there were prodromata of 1 to 3 days, duration. The frequency of the joints affected does not differ from the conventional percentages. Temperature and pulse increased with the number of involved joints. Endocarditis was observed in 11.6; pericarditis in 3.2, and both in 4 per cent. of the cases. Permanent cardiac troubles resulted in 9.2 per cent. of the cases, of which 6.4 per cent. implicated the aortic valves. As other complications, pleuritis was observed in 3.5 per cent., pneumonia in 1.1 per cent, and bronchitis in 7.2 per cent. of the cases. Chorea was found in two girls and 1 boy; twice with and once without endocarditis. Acute nephritis was observed 4 times, purpura 4 times and manifestations of spinal meningitis, 2 times. In the treatment the salicylates were paramount, and when they failed, antipyrin was usually of benefit; in subacute and chronic cases, iodide of potash was employed. Nearly $\frac{2}{3}$ of the cases were discharged in 30 days. There was no case of death. RUEL reports that at the clinic of Genf, acute articular rheumatism was successfully treated by the external application of salicylic acid. The solution employed was as follows: Salicylic acid, 10 to 30 grammes; absolute alcohol, 100 grammes; castor oil, 200 grammes. Cloths saturated with this solution were applied to the joints and renewed morning and evening. These applications, says the writer, have the same effect as salicylic acid taken internally. Twenty minutes after the application, salicylic acid can be detected in the urine.—*Centralblatt f. klin. Medicin*.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By A. W. HOISHOLT, M.D., Assistant Physician, State Asylum for Insane,
Stockton, Cal.

Auto-intoxication as a Factor in Mental Disorders.—DRS. REGIS and C. LAVAURE submitted a report on this subject at the last meeting of the French Congress of Mental Medicine. They arrived at the following conclusions: (1) The toxicity of the urine is notably diminished in maniacal and augmented in melancholic conditions. The urine of maniacs and that of melancholiacs have different actions on the animals in which they are injected: The former causing chiefly excitation and convulsibility, and the latter depression, inquiet-

tude and stupor. This would rather prove that auto-intoxication is the cause and not the effect of the mental state. (2) These results, though incomplete, show that the phenomena of auto-intoxication play an important part in mental diseases, and this is further indicated by recent nosological investigations on the insanities of the acute infectious diseases, and those of the visceral and diathetic disorders. As far as the psychoses of the infectious disorders are concerned, they are the result either of the direct action of the microbes or of their mediate and indirect action through the toxins they secrete. From a clinical point of view they may present themselves at two different periods. During the febrile stage the disorder ordinarily takes the form of an acute delirium. During the post-febrile stage, or during convalescence, we find the so-called asthenic psychosis present; this is a more or less variable mental condition, consisting usually of a mental confusion, stupidity, clouding of the faculties, a pseudo-dementia. An intermediate form between these two may possibly be admitted to exist. The visceral psychoses are in reality genuine insanities from auto-intoxication. It may be said that where the intoxication is acute it shows itself as an acute toxic delirium, resembling alcoholic delirium, as in uremic insanity; when the intoxication is chronic it generally induces a melancholic condition. Some cases resemble more or less parietic dementia. General or local anti-infectious antiseptic treatment is found to give excellent results. Although it is not possible to formulate a definite therapeusis, there are enough facts to show that in the infectious or auto-toxic insanities one must resort to the treatment of the infection or the auto-intoxication to relieve the mental disorder.—*Progrès Médical*.

The Alleged Increase of Insanity.—DR. D. HACK TUKE read an interesting paper on this subject at the meeting of the British Medical Association. Dr. Tuke says there undoubtedly has been a large increase in the number of patients in asylums and workhouses in England since 1870, and proportionately more in the asylums; there has also been a considerable rise, though not as great, in the admissions of patients into asylums during the same period, after deducting transfers and readmissions. This advance in the number under detention, although it holds good after allowing for the increase of population, does not prove the increased liability of the community to insanity, seeing the vast accumulation due to a lower death-rate (since 1870), the chronicity of the disease, and the lamentable tendency to relapse. Nor does the advance in admissions prove increased liability to insanity for the following reasons: (1) The value and comfort of asylums are increasingly appreciated. (2) There has been a very large number of patients transferred from workhouses to asylums; and (3) There has been an ever-increasing encroachment on the mass of unregistered lunacy, which the census shows to exist. The apparent increase in the number of the insane has been found to take place especially among the poorer classes of society. The increase in the ratio of the insane, during the twenty years from 1871 to 1891 has taken place in persons above the age of forty-five, the significance of which lies in the accumulation of chronic cases. On the other hand, there has been a decline during this period in the proportion of cases of mental weakness under twenty-five years to the population at the same term of life—a most remarkable circumstance. Although the increase in the number of the insane has been considerable from 1871 to 1891, the ratio of increase has been a declining one, for though the rise in the ratio to the population was 7.04 per cent. during the decade 1871-1882, it was only

3.23 per cent. in that of 1881-91.—*Dublin Journal of Medical Science*, July 1894.

The Psychoses of the Climacteric Period.—PROF. P. J. KOWALEWSKI, of Charkow, in a recently published paper, "Der Menstruationszustand und die Menstruations Psychosen," says that during the climacterium insanity may appear in two forms: in the one, the course of the disease is periodical, and the attacks accompany the menstrual periods, or occur at the time when these periods are expected but do not appear; in the other, the psychosis has no direct connection with the menstruation, but seems intimately related to all the symptoms of the climacteric. The mental symptoms of these psychoses vary greatly. They may be characteristic of *anxietas precordialis*, *melancholia*, *mania*, *amentia*, or *paranoia*, etc. Although these symptoms are not especially characteristic, the influence of the climacteric may be easily recognized. Thus, the *anxietas precordialis* occurs in more or less regular attacks, corresponding to the time of the expected menstruation. The same may be said of the periodical exacerbations of hysterical and epileptic attacks. It is often found that at such times sudden changes in mood and character may develop without such symptoms being characteristic of either *melancholia* or *mania*. The *melancholia* of the climacteric period is especially met with in married women leading an unhappy domestic life, and is often accompanied by attempts at suicide. Sometimes the *melancholia* is of a hypochondriacal type; at other times it is associated with delusions of a religious character, persecutory ideas, or erotic hallucinations. *Mania* is a rather uncommon form of insanity during the climacteric, and is generally characterized by hallucinations, sexual excitement, violence, phantastic ideas and obscene behavior. It is usually met with in widows, old maids of not very high morals, and, generally speaking, in persons with unsatisfied sexual cravings, or in such who have committed excesses in *venery*. *Amentia* does not often occur during this period in the maniacal form; more often in connection with the menstruation in the form of a periodical psychosis or as an uninterrupted attack, with exacerbation corresponding to the menstrual periods. It is often accompanied by an extreme erotism. Particularly characteristic of the climacteric period is *paranoia*, occurring mostly in old maids with a *psycopathic* predisposition. The morbid ideas of such persons are concentrated about men, who make love to them on every occasion. They finally accuse their persecutors of having made criminal assaults upon them. The patients believe that a certain man, who is often unknown to them, or may even be living in some other town, maintains marital relations with them. From being persecuted, the patients finally become persecutors, who torment their victims with letters, or even go so far as to make an open scandal of it. In some cases a perversion of the sexual instinct may show itself by persons of their own sex having an attraction for them. These persecutory ideas as regards the men, in which hypnotism, spiritualism, the telephone, etc., figure extensively, together with the sexual delusions and nymphomaniacal symptoms, are so often met with in the climacteric period that this form may be considered the climacteric insanity *par excellence*.—*St. Petersburger medicinische Wochenschrift*.

A Case of Chronic Arsenicism.—DR. MATHIEW recently reported the case of a man, aged 50 years, affected with neurasthenic depression, who for twenty years had been taking arseniate of sodium in large doses to clear his voice and give him strength. He had been in the habit of using a $\frac{1}{2}$ per cent. solution of

arseniate of soda, a pint of which would last him a month. The daily doses would average 3 to 4 centigrammes, or a little over a half a grain. While on a voyage to Algeria, the patient increased his doses, when he was taken sick with symptoms of acute arsenical poisoning, characterized especially by phenomena of intense gastro-enteritis, with profuse diarrhea. The diarrhea lasted for three or four months, at the end of which time cutaneous pigmentation appeared, which has been constantly growing worse. The pigmentation gave the skin a bronzed, tawny or slate-color, varying in places. The face presented no pigmentation. On the palmar surface of the hands is found a marked degree of hyperkeratosis; on the feet this is less pronounced. The nails of the toes and fingers are unequal, irregular, deformed and grooved. Muscular atrophy in the lower extremities resulted. In addition to this there was a degree of uncertainty in walking when the patient keeps his eyes shut, and at one time there was almost a complete paralysis of the lower extremities. The pupils react well to light. Some hyperesthesia is present over the sole of the right foot. These phenomena may be explained on the theory of the existence of a peripheral neuritis. The use of the arsenic, to which he had been so long addicted, must be regarded as the principal, if not the only factor, in the production of the nervous symptoms. The patient had never used alcohol to excess.—*Journal of Nervous and Mental Disease*.

General Paralysis in Women.—DR. F. A. ELKINS reports 28 cases of general paralysis in women admitted to the Edinburgh Insane Asylum during the five years 1889 to 1893. The age of the patients varied from 25 to 51 years, and averaged 40. In 2 cases, a history of heredity was present. The cases were, as a rule, individuals who were not physically or intellectually deficient, but who were of a low moral character; the personal histories generally gave a record of syphilis, alcoholism, and sexual excesses. These cases corroborated a fact, already established, that the disease is of a milder type in women than in men. Twenty of the cases were mild, 8 acute. The duration of the disease was found to be about the same as in men. In 21 cases where death had taken place when the report was made, the duration was less than one year in 3 cases, less than two years in 6 cases, and less than three years in 3 cases. A *post-mortem* examination was made in 14 cases, and in these the pathological findings were the same as those usually observed in men. In 10 cases grandiose ideas were present; 3 cases were suicidally inclined during the early stage of the disease; in 15 cases epileptiform or apoplectiform "congestive" attacks were observed; 5 cases showed well-marked temporary improvements, which did not in any case exceed a duration of fifteen months; 3 cases showed partial improvements.—*Lancet*.—*Centralblatt f. Inere Medicine*, September 22, 1894.

A Case of Essential Hereditary Tremor in a Degenerate.—DR. VAUTRIN, reports the following observation as a rare case of essential hereditary tremor. The patient was the son of an alcoholic; he suffered from incontinence of urine, and presented various stigmata of degeneration; malformation of the teeth and ears, mental weakness and melancholia. Besides these symptoms he had been affected since his infancy with generalized tremor. His head only remained unaffected. The oscillations were very short and slow, regular and continuing during sleep. They were not increased under the influence of voluntary movements, but were augmented by emotion and fatigue.—*Gazette Hebdomadaire de med. et de Chirurgie*.—*Journal Nervous and Mental Disease*, July, 1894.

FORMULÆ.

By GEO. B. SOMERS, M. D., San Francisco, Cal.

Calomel Plaster in Congenital Syphilis.—In the following preparation the sodium chloride and alkaline salts of the sweat transform the insoluble subchloride to the soluble perchloride, which is absorbed and keeps up a continuous action:

Calomel.....10 parts.
Castor oil.....3 parts.
Diachylon plaster.....30 parts.

Four square inches of this plaster ought to contain about 18 grains of calomel. A piece about 6 inches long and 4 broad, is applied, after thoroughly cleansing the skin, and is renewed weekly.—*British Medical Journal*.

Mercurial Paste for Corns.—(MORRISON):

Bichloride of mercury---gr. iv
Salicylic acid.....3i
Collodion.....3i

S.—Apply every day, removing each time the film left by the previous application.—*Nouveaux Remèdes*.

Enlarged Glands:

Iodoformi.
Bals. Peru. āā 3i
Colodii.....3i

S.—To be painted over the swellings every night.—*Medical Press and Circular*.

Sluggish Conditions of the Liver:

Podophyllinæ gr. ½
Euonymiæ gr. iss
Ext. belladon. gr. ½
Pil. hydrarg. gr. ii

For one pill, to be taken at bedtime.
Medical Press and Circular.

Pills for Chronic Bronchitis:

Ammonii chloridi.....gr. xv
Ammonii carbonatis gr. xv
Pulv. ipecac. gr. iii
Morph. hydrochloratis---gr. i
Mucilaginis acaciæ.....q. s.

Divide into 10 pills, one to be taken night and morning.—*Medical Press and Circular*.

Tricophytosis.—In experiments DU CASTEL found that the following formula answered best in treating this disease:

Chrysarobin.....gm. 10 to 25
Salicylic acid.....gm. 5
Ointment of styrax.....gm. 5
Ichthyol.....gm. 5
Simple ointment.....gm. 5

—*Union Médical*.

Alumnol as a Diapasin.—(DIETRICH):

Alumnol.....gm. 10
Powdered talcum.
Starch.....āā gm. 45

S.—To be used as a powder in blisters, sweating of the feet, etc.—*Nouveaux Remèdes*.

Evaporating Lotion:

Ammon. chlorid. 3i
Sp. rectificati.....ii
Sp. etheris.....i
Ac. acetic.....iss
Aq. destillat. ad 3xii

To be applied on lint in severe sprains.—*Pharmacopeia of Royal Infirmary*.

Diabetes Mellitus.—SOLIS COHEN uses codein in certain cases of this disease in gradually increasing doses up to 12 grains or more daily:

Codein phosphate.....gr. ii
Alcohol.....3iv
Dilute phosphoric acid...3ii
Glycerin.....3vi
Solution of hydrogen dioxide (10 volume) to make.....3iii

Dose: two teaspoonfuls in 3 ounces of water.—*College and Clinical Record*.

Chrysarobin Pencil.—(LEISTIKOW):

Chrysarobin.....gm. 30
Rosin.....gm. 5
Yellow wax.....gm. 35
Olive oil.....gm. 30

S.—In alopecia rub the above into the hairy scalp at night. The irritation may be met with zinc ointment.
Nouveaux Remèdes

A Hypodermic Purgative.—EWALD, of Berlin, maintains that a mixture of equal parts of caffein and chloral, injected subcutaneously, will act as a purgative. He uses it particularly in acute rheumatism, where it also acts as a sedative:

Caffein chloral -----gr. xv
Water-----m. lxxv

S.—Inject 15 minims.—*Journal de Médecine de Paris.*

Phosphorus Butter.—COMBY recommends the following prescription for the preparation of iodo-phosphorated butter, which may be used as a substitute for cod-liver oil in hot weather:

Fresh butter-----1 lb. 1½ oz.
Iodide of potassium---gr. xv
Bromide of potassium-gr. xv
Chloride of sodium ---3 ii
Phosphorus-----gr. ½

About one-third of an ounce daily, spread on bread.—*Medical Record.*

PUBLIC HEALTH.

By W. R. CLUNESS, M.A., M.D., San Francisco, Cal.

Mortality for October, 1894.—The deaths registered in 69 town districts of the State, during the month of October, in a population of 748,873, correspond to an annual rate of 16.32 a thousand, the total mortality having been 1022. 127 deaths were due to zymotic diseases, giving an annual rate of 2.02 a thousand. Of these, 19 were due to diphtheria, 41 to cholera infantum, 27 to typhoid fever, 17 to diarrhea and dysentery, 10 to cerebro-spinal fever, 6 to whooping cough, 5 to croup, 0 to intermittent and remittent fevers, 2 to scarlet fever, 0 to measles, and 0 to small-pox. 250 deaths resulted from diseases of the respiratory organs, giving an annual rate of 3.93 a thousand. Of these, 166 were due to consumption, 63 to pneumonia, 20 to bronchitis, and 1 to pulmonary congestion; the rate being, for consumption and pneumonia, 2.64 and .96, respectively. 91 deaths resulted from diseases of the heart, 9 from alcoholism, 1 from erysipelas, 46 from cancer, and 404 from causes not given. The average annual death rate from all causes occurring in the ten largest cities and towns in the State, and representing a population of 587,153, was 16.56. The highest rate for the month occurring in cities having a population of 10,000 or more inhabitants, was reported from San Francisco, the lowest from Fresno.

METEOROLOGY.

Summary for October.—*Temperature.*—The normal temperature of the State for October is 61.1°; the average for October, 1894, was 61.9°, a departure from normal of + 0.8°. The highest monthly mean was 90.2°, at Volcano Springs, in the desert regions of San Diego county; the lowest, 45.8°, at Boca, in the mountain regions of Nevada county. The maximum temperature was 110°, on the 4th, at Salton, in the desert regions of San Diego county; the minimum, 20°, on the 28th, at Greenville, in the mountain regions of Plumas county. The greatest monthly range was 68°, at Greenville; the least, 30°, at Eureka. The absolute monthly range for the State was 90°.

Rainfall.—The normal precipitation for the State for October is 1.22 inches; the average for October, 1894, was 1.63 inches, a departure from the normal of +0.41 of an inch. The greatest monthly precipitation was 9.65 inches, at Dunsmuir; the least, 0, at several stations in the southern portions of the State.

Wind.—The prevailing direction of wind was west.

Unusual Features.—The unusual meteorological feature of the month was the excess in rainfall.—JAMES A. BARWICK, Director California Weather Service.

California—Tabular Statement for October, 1894.

STATIONS.	TEMPERATURE.						RAINFALL.		Mean Relative Humidity	WEATHER.			WIND.	FURNISHED BY—
	Mean.....	Highest	Lowest.....	Mean High-est.....	Mean Low-est.....	Mean Daily Range	No. of Days Rain Fell.....	Total Rain-fall.....		No. of Clear Days.....	No. of Fair Days.....	No. of Cloudy Days.....			Prevail- ing Direc- tion.
Auburn	65.0	90	50 0	66.0	53.0	13.0	5	3 87	88 0	20	7	4	N.W.	Southern Pacific Company.
Berkeley.....	59.0	86	47.0					3.29					W.	Obs. University of California.
Colfax.....	57.0	96	42.0					5.75					S.E.	Southern Pacific Company.
Eureka.....	54.0	69	39.0	60.0	48.0	12.0	13	3.12	89.0	8	12	11	N.W.	Weather Bureau Dept. Agr.
Fresno.....	64.0	92	42.0	77.0	51.0	26.0	2	0.37	64.0	22	7	2	N.W.	"
Indio.....	79.0	105	56.0					0.00					W.	"
Los Angeles...	66.0	96	45.0	78.0	53.0	25.0	1	0.02	75.0	10	16	2	W.	"
Monterey	58 0	84	40.0					1.64					S.	Southern Pacific Company.
Napa.....	62.0	91	45.0	72.0	52.0	20.0	5	1.93	78.0	13	13	5	S.	Station Napa Insane Asylum.
Oakland.....	59.0	84	45.0	67.0	51.0	16.0	5	2.64	86 0	18	9	4	W.	Chabot Observatory.
Paso Robles...	61.0	93	37.0					0.88	52.0				N.	Southern Pacific Company.
Red Bluff.....	64.0	95	43.0	75 0	53.0	22.0	7	0 89	63.0	19	4	8	N.W.	Weather Bureau Dept. Agr.
Sacramento. ...	63.0	92	43 0	75.0	51.0	24.0	5	1.06	67.0	27	1	2	S.E.	"
San Bernardino	65.0	96	38.0	80 0	49.0	31.0	2	0.15	61.0	20	8	3	W.	A. K. Johnson, M. D
San Diego.....	63.0	87	45.0	70.0	55.0	15.0	1	T.	76.0	18	6	3	N.W.	Weather Bureau Dept. Agr.
San Francisco..	60 5	89	49.0	66.0	54.0	12 0	5	1.73	82 0	17	9	5	S.W.	"
Santa Barbara..	66 0	94	50.0	74.0	58.0	16.0	2	1.36	73.0	18	7	6	W.	Hugh D. Vail.
Santa Cruz.....	61.0	94	42.0	72.0	51.0	21.0	5	3.59		20	1	10	W.	W. R. Springer.
Yuma.....A. T.	75.0	101	47.0	91.0	58.0	33.0	1	0.84	48.0	27	4	0	N.E.	Weather Bureau Dept. Agr.

Blank (----) indicates data missing.

Relative humidity at Paso Robles at 2 p. M.

Departments.

Occidental Medical Times.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: DECEMBER, 1894.

THE COMMENCEMENTS.—UNIVERSITY OF CALIFORNIA MEDICAL DEPARTMENT.

The graduating exercises of the medical department of the University of California were held in Odd Fellows' Hall, San Francisco, November 20th. In addition to the address on behalf of the Faculty, which was delivered by PROF. J. M. WILLIAMSON, the graduates were addressed by the HON. J. V. COLEMAN, who congratulated them upon the position to which they had attained, and also upon the increasing eminence of their Alma Mater.

The following are the names of the graduates: John Richard Booth, Edwin Bunnell, A. B.; Stephen Cleary, Ph. G.; George Waverley Clark, Robert Crebs, Edward Spence DePuy, Clarence Fitzhugh Dickenson, Frank Timothy Fitzgibbon, Charles Henry Freeman, August Greth, Edward John Hill, Thomas Blakeney Holmes, Thomas Byers Woods Leland, Martin Bartholomew MacInnis, Nellie Mattie McKnight, Frank Edward McCullough, Mary Elizabeth Morrison, Joseph Grant Morrissey, Casimir Francis Pawlicki, B. Sc.; Fenelon Massol Reith, Corydon Bee Root, D. D. S.; Henry Anthon Lewis Ryfkogel, Nathalie Adele Selling, James Graham Sharp, D. D. S.; Neli Alfred Sime, Harvey Foster Smith, Henry Walter Stirewalt, James Goodwin Thompson, Edward Vester Tiffany, Farrington Wilkes, Henry Eugene Wright.

The total number of students in attendance during the past session was 145, the number of matriculates being 66.

NOTES.

San Francisco Society of Eye, Ear, Nose, and Throat Surgeons.

Judging by the attendance at the November meeting of this Society, the members are losing interest since the novelty of the organization has worn away. Last winter the meetings were well attended, at least 75 per cent. of the members being present at the various meetings. This fall, only 25 per cent., a bare quorum, have attended the meetings. While these members are thoroughly in

favor of continuing the organization, having found sufficient to both interest and instruct at the various meetings, they feel that their endeavors will prove futile unless all are more interested, as each member owes a greater debt to the Society than is liquidated by the mere payment of the annual dues.

A Naval Medical Board.

A Medical Board for the examination of candidates for admission into the Medical Corps of the Navy, is in perpetual session at the U. S. Naval Hospital, Mare Island, California. The "Board" consists of Medical Inspector G. W. Woods, President; Surgeon G. P. Bradley, member and T. A.; Surgeon George Rothganger, member and Recorder. The President, who, being appointed from California, takes a great interest in the schools of this coast, has, during the last month, addressed the full class, at both Cooper College and at the University. He presented all the main features of the service, explaining the character and requirements of the examination for entrance, and, incidentally, describing naval life and experience, ashore and afloat, through an account of hospital duty, and the incidents of a typical foreign cruise. He invited the graduating students in selecting a career, to consider the merits and advantages of the naval medical service, as well as the opportunity offered for admission by a "Board" organized for their special advantage. Circulars issued by the Navy Department, giving all necessary particulars, can be obtained on application to the office of the Secretary of the Navy, or to the President of the Examining Board, Navy Yard, Mare Island, California.

The Ohio Pure Food Law and "Vin Mariani."

Prof. C. T. P. Fennel, of Cincinnati, Chemist for the Ohio Food and Dairy Commission, and who made the analysis of "Vin Mariani" on which Mr. John Keeshan, a druggist of Cincinnati, was arrested on the charge of violating the Ohio Pure Food Law in the sale of "Vin Mariani," the claim being made by Prof. Fennel that the preparation was not up to the standard within the meaning of the law, has now acknowledged that he has made a mistake in establishing what the standard is, and that he had not, at the time of making his analysis, examined the latest edition of the United States Dispensatory, and that "Vin Mariani" is clearly and completely up to standard as established therein. The case against Mr. Keeshan for the sale of "Vin Mariani" is thereby disposed of, and Prof. Fennel has also authorized the public announcement through the press of the fact that the sale of "Vin Mariani" in the State of Ohio is perfectly lawful, and such sale cannot be interfered with

under the laws. The following are the sections bearing on the case, Section 1. That no person shall, within this State, manufacture for sale, offer for sale, or sell any drug or article of food which is adulterated within the meaning of this Act. Section 3. An article shall be deemed to be adulterated within the meaning of this Act: (1) If, when sold under or by a name recognized in the United States Pharmacopeia, it differs from the standard of strength, quality, or purity laid down therein; (2) If, when sold under or by a name not recognized in the United States Pharmacopeia, but which is found in some other pharmacopeia, or other standard work on materia medica, it differs materially from the standard of strength, quality, or purity laid down in such work. (3) If its strength, quality, or purity falls below the professed standard under which it is sold.

Insurance Examiners' Meeting.

A call is hereby made for a meeting of life insurance examiners and local surgeons of accident insurance companies, to meet in Parlor "B" of the Portland Hotel, Portland, Oregon, on Wednesday, January 23, 1895, at 10 o'clock A. M. All regular accredited examiners in good standing, residents of Montana, Idaho, Oregon, Washington, California and British Columbia, are invited to take part in such meeting. The principal work of this first session will be to complete the organization of Pacific Coast Examiners. Papers will also be read at this meeting upon subjects in line with the work sought to be accomplished by the Society. Papers have already been promised, and others are solicited. The membership fee will be \$1, which will include the first year's dues. Members who can not attend in person can delegate their votes to some friend or neighbor who can attend, and thus every region may be represented by its membership, no matter how remote such region may be from the place of meeting. When fully organized, a neat certificate of membership will be issued. Temporary certificates will be issued at the time of making application for membership, entitling the holder to take part in the preliminary organization and meeting. In addition to the benefits which will result to those who shall be able to attend the meetings and take part in the discussions, a roster of membership of the Society will annually be issued, and a copy filed with every life and accident insurance company doing business in the country. Any physician, qualified as before mentioned, desiring to become a member, should write at once to Dr. Henry W. Coe, Acting Secretary, Portland, Oregon, making application. Statement should be also made whether such applicant will be present at such meeting; also, whether a paper will be presented, and, if so, its title. It has been thought advisable to hold the meetings of this Association

hereafter at the time and place of one of the different State Medical Society meetings, and by a rotation of the place of meeting to enlarge the scope and usefulness of the Association. With a desire to liven interest in the important department of work of the physician and surgeon covered by life and accident service, and to benefit the local practitioner and the companies he represents, we remain yours truly, C. K. Cole, M.D., Referee Equitable Life of New York, Helena, Montana; J. B. Eagleson, M.D., Referee Mutual Benefit Life of Newark, Seattle, Washington; Henry W. Coe, M.D., Referee Penn Mutual Life of Philadelphia, Portland, Oregon, temporary committee.

California College of Pharmacy.

The subject of the proper preliminary education of students in pharmacy, and the evident lack of sufficient qualification in many desiring to matriculate, has long been recognized by the Faculty of this College. Discussion finally resulted in the appointment of a committee, consisting of Prof. Wm. M. Searby and Prof. Jerome B. Argenti, and we give below the result of their deliberations. This report has been adopted by the Board of Trustees, and the recommendations constitute the requirements for admission for the session of 1895. Pharmacy is so closely related to medicine that the graduation of a better class of druggists will be received with much satisfaction. Your committee have given much thought to the subject committed to them, have examined the requirements of the principal colleges of pharmacy in the United States, and of the Medical and Dental Departments of the University, feeling that it is desirable that our college should be in line with other pharmaceutical colleges, and also that our graduates should have the necessary general education to enter either the Medical or Dental Department of the University after graduation by us, should they so desire. We find a wide diversity in the requirements for entrance in the various colleges of pharmacy, a few admitting without any credentials or examination, the majority being satisfied with a certificate of graduation from a grammar school, and a few demanding a higher grade of scholarship. In general, the University Schools of Pharmacy, such as Ann Arbor, Wisconsin, Washington and the North-Western University, have set their entrance requirements higher than the others. In view of the close affiliation of our college with the State University, and our near relation to the departments of medicine and dentistry, it is the opinion of your committee that the interests of our college will be best served by an advance that will place us on an equal footing educationally with those departments. Your committee are also profoundly impressed with the conviction that we

should not only be able to graduate a higher percentage of those who come to us than we do now, but that those graduates would do us more credit in after life, and, what is most important of all, that the students themselves would gain greatly if we should compel them to obtain a more liberal education before entering our classes. Furthermore, we believe that those who have neither the ability nor the application to bring themselves up to the educational standard we now recommend, would be benefited rather than injured by being denied the privileges of the college. While the matter of an extension of the course of instruction so as to cover three instead of two years is not strictly within the province of your committee, we would call attention to the fact that such an idea is gaining currency, and that rumors are in the air that this step will soon be taken. We consider such a change would be premature, so long as the requirements for admission remain as they are. We are filled with surprise at one of the largest eastern colleges announcing that the three-term course will shortly be inaugurated, while they have never yet announced any positive requirements in regard to admission. Under such conditions, it seems to us that to extend the course of instruction through a third year is like raising another story upon a house that has been built upon a very frail foundation. In this connection we call attention to the action of the Medical and Dental Departments, which announce that at an early date they expect to extend their curricula another year, but have very wisely elected to make the work of that year precede the present course of instruction, so that it will consist of studies preparatory to those at present given in the various branches of their respective professions. Their action in this particular harmonizes with our experience that the instruction now provided and the time now devoted to it are sufficient, provided the student enters upon the work equipped with a liberal education. You committee beg leave, therefore, to make the following recommendations: (1) That the paragraph at the head of page 9 of the Prospectus for 1894 be stricken out, and the following substituted: "*Requirements for Admission*—(1) Applicants for admission must be at least eighteen years of age. (While it is advisable that students shall have one or two years' practical training in a drug store before entering the college, this is not compulsory.) Applicants will be accepted who bring the following credentials: (a) Certificates of graduation from high schools of this State. (b) Diplomas of graduation from schools or academies accredited by the State University. (See Register of the University of California, 1894, page 39.) (c) Certificates of high standing in other institutions of the collegiate grade. (d) Diplomas from normal schools of this State. (e) First-grade

teachers' certificates of this State. (*f*) Certificates of having completed satisfactorily the first year's course in high schools of this State. (3) Applicants who do not present any of the foregoing credentials will be examined in the following branches: (*a*) English—They will be required to show their ability in spelling, punctuating, use of capitals, grammatical construction and correctness of expression. (The handwriting will be estimated and form a part of this examination.) (*b*) Geography—American and General; free-hand drawing. (*c*) Mathematics—Arithmetic: fundamental rules; fractions, common and decimal; denominate numbers; percentage; proportion. (*d*) Algebra: fundamental rules; fractions; equations of the first degree, consisting of two or more unknown quantities. (In the session of 1895 applicants may be excepted from this examination, but in the year 1896 it will be enforced.) (*e*) Latin—Rudiments; declensions of nouns, pronouns, adjectives; conjugations of verbs; translation of simple sentences from Latin to English and English to Latin. Applicants who fail to obtain the required percentage in free-hand drawing and Latin may be entered conditionally, but will be required to pass the examination satisfactorily in these studies at the close of the Junior Lecture Course. (2) We recommend that the entrance examination be conducted by a committee of three chosen from the Faculty and Board of Trustees, who shall employ a person not connected with the College, who is, or has been, a teacher by profession, such person to be paid for his services by the College. At the close of these examinations this committee shall report to the Dean the names of such applicants as have passed their examination satisfactorily. The Dean shall thereupon matriculate them as regular students. (3) Your committee further recommend that all applicants who are required to pass an examination before entering be charged a fee of five dollars, which is not to be returned in case of failure. But all who pass the examination satisfactorily shall be entitled to matriculate without further payment. The requirements here recommended do not go beyond the studies taken in the first year of our high schools, and would be on a par in the subjects specified with the qualifications now exacted by the Dental Department, and about to be adopted by the Medical Department. Should the two departments named carry out their proposed fourth or preparatory year, it might be advantageous for us to unite with them. Arrangements could doubtless be made so that pharmacy students could obtain suitable instruction. This course would be conducted under the direction of the faculties, but away from the college premises, and would include Latin and the other studies taken in the first year in the high schools, with some branches specially designed

to prepare for the medical, dental and pharmaceutical courses that would follow. Those who have had the higher education would not need to take this course."

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, October 23, 1894.

The President, W. F. WIARD, M.D., in the Chair.

Removal of the Astragalus.—DR. T. W. HUNTINGTON exhibited two cases of entire removal of the astragalus. The cases had each, in less than one year, a fairly good ankle-joint, there being $\frac{3}{4}$ of an inch of shortening.

DR. G. A. WHITE read a paper on "Perinephritic Abscess."

DR. W. A. BRIGGS, in opening the discussion, said: The title of the paper leads me to make a slight criticism. I believe "perinephric," is the preferable term. The paper is an interesting one, as these cases are not always recognized, and the prognosis is very uncertain when an accurate diagnosis has not been made.

DR. J. H. PARKINSON: I think the doctor's success is due to the 4-inch incision and the drainage tube. The term "perinephric" will, no doubt, be adopted in the future by the advanced "practician," but for the present we must get along as best we can with perinephritic.

DR. T. W. HUNTINGTON: Early diagnosis and the exact cause which gives rise to the lesion determines the gravity of the individual case. The simplest case is that due to traumatism. The outcome of these cases, if the treatment be prompt, is favorable. Those cases accompanied by pyelo-nephritis, where the abscess is within the parenchyma of the kidney, are always serious. The treatment is, however, the same, and prompt treatment gives the best results. The relief of tension in cases with a rise of temperature and pain, accompanied with some elevation of the tissues in the region of the kidney, should be prompt.

DR. THOS. ROSS: I saw the case mentioned by Dr. White, and was much impressed with the resistance and consolidation of the lung after all the inflammatory conditions had subsided.

DR. D'ARCY POWER: While practising in Portland, Oregon, I was called to see a man who had three weeks previously fallen into the river. He had severe pain in the right leg, which fomentations did not relieve. The temperature was 104° F., with a pleuritis on the affected side. The presence of pus in the region of the kidney was suspected, and an incision on the left side evacuated 20 ounces of pus. The patient made a good recovery.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting, October 9, 1894.

The President, W. WATT KERR, M.D., in the Chair.

The So-called Hemorrhagic Diathesis.—DR. C. G. KUHLMAN read a paper upon this subject. He said the literature upon this important and very imperfectly understood subject was exceedingly scant, Rindfleisch even failing to mention it in his work on pathology. Virchow, in his cellular pathology, refers to it briefly and vaguely, stating that it is due to a change in the chemical composition of the blood, and that the spleen or liver are the special organs influencing this chemical composition, but fails to explain the *modus operandi*. While it is true that the chemically altered condition of the blood plays a very important role in this tendency to uncontrollable bleeding, yet, no matter how altered this composition may be, it cannot be considered as the prime factor, nor do the liver or spleen play any part whatever therein. The use of such terms as "diathesis" is, to a great extent, responsible for existing ignorance regarding many similar processes; thus, the term hemorrhagic diathesis does not convey a true conception of the factors concerned in the disease. This

inherited or acquired tendency to severe and often uncontrollable bleeding upon slight provocation, must be regarded as an abnormal pathological condition on the part of the tissues entering into the composition of the blood vessels as well as of the blood itself. With rare exceptions, this hemorrhage takes place from the arterial system. The arteries, with the exception of the smallest capillaries, consist of three coats: (1) An internal or endothelial. (2) A middle and muscular. (3) An external or fibrous. In the normal condition, these tissues, especially the middle coats, are endowed with certain physical properties, as elasticity, contraction and retraction. Loss of arterial continuity under normal conditions never occurs, except through violence, and in such cases a hemorrhage is immediately and permanently stopped by natural means, as contraction and retraction of the tissue with clot formation, provided that complete loss of continuity takes place, if good-sized vessels are involved. The so-called hemorrhagic diathesis, therefore, depends upon the loss of these properties in the vessel walls as well as in the altered condition of the blood itself. The histological elements of which the arterial tunics are composed undergo certain changes, impairing or totally destroying their anatomical and physiological processes. These changes are: Granulation necrosis occurring in tuberculosis, syphilis, leprosy, etc., and due to direct chemical changes between the physiological products of certain organisms and the protoplasm of the histological elements. Amylosis occurring during extensive suppuration processes, and due to a similar direct change. Coagulation necrosis or mucoid degeneration observed in cancerous and diphtheritic processes. Liquefaction necrosis occurring in typhus, variola, etc. Fatty and calcareous degeneration in which the protoplasm is replaced by fatty granules and crystals of carbonate and phosphate of lime. The precise etiological factors concerned in the production of these changes are as yet *sub judice*. The blood also belongs to the mesoblastic tissues, and during this morbid process undergoes changes that impair or destroy its capacity for coagulation. The hemorrhagic diathesis, then, is not a mysterious condition of the blood induced by some unknown cause, but rather a very important symptom pointing to a grave condition of an arterial or venous trunk or of the whole vascular system, demanding the highest therapeutic and surgical skill in its management.

DR. S. S. HERRICK said heredity seemed inexplicable as a cause of hemophilia. Probably 11 out of 12 cases occur in males, and in this respect it resembles color blindness. It sometimes skips one generation, and then is inherited from the daughters only. Ergot, perchloride of iron and gallic acid are the chief remedies for the disease. The great need was some preventive measure.

DR. KUHLMAN: I cannot agree with Dr. Herrick as to the dormancy of the disease. It is inherited *in utero*. Some of the children of syphilitic and tubercular parents may escape. The reappearance of the condition after the lapse of a generation must be regarded as the result of intermarriage with women suffering from constitutional diseases, capable of transmitting the pathological condition upon which the hemophilia depends.

CALIFORNIA ACADEMY OF MEDICINE.

Regular Meeting, September 15, 1894.

The President, JOHN F. MORSE, M.D., in the Chair.

DR. J. M. WILLIAMSON read a paper on a human monstrosity, and exhibited the specimen and photograph, at the same time demonstrating the points of interest.

DR. WASHINGTON DODGE said: I was one of the physicians present, but cannot now add anything of interest to the description given by Dr. Williamson. The delivery was easy after the fingers could be hooked between the jaws, thus enabling traction to be made.

DR. W. S. THORNE and DR. EMMET RIXFORD reported a case of a protozoic skin disease [published at p. 704].

DR. THORNE said: The patient was an inmate of St. Mary's Hospital. Upon first examination the urine was quite smoky and showed the presence of blood. Now, however, the urine is all right, though scanty. I invited Dr. Rixford to examine the patient, and submitted to him for microscopical examination a patch, excised from over the right clavicle. He has made sections of it, and will now exhibit them.

DR. RIXFORD said: About a year ago there came to the City and County Hospital a man suffering from a skin disease, which was evidently of unusual character. Among other affections suggested by way of diagnosis, cutaneous tuberculosis seemed to be most in accord with its characteristics. A patch was excised and sent me for microscopical examination. As stated in my report sections showed a condition greatly resembling tuberculosis, and it was thought to verify this by staining for the tubercle bacilli. No bacilli were found, but in their stead the spherical organisms described in my report. These are most probably protozoa, since they have a distinct capsule and multiply by sporulation. They stain irregularly; in the same section some stained red with the fuchsin, while others took the methyl blue. Hematoxylin stains them, but weakly. This case of Dr. Thorne's is apparently identical with the other; the lesions are much alike, and both contain these spherical organisms, which if not identical, are certainly closely related. There are some slight differences to be made out in them, however, in arrangements of the spores. It is to be regretted that Dr. Thorne's patient is this evening in such a depressed condition that he could not be brought before the Society; for the characters of the lesion are much easier demonstrated on the patient than by verbal description. These photographs of my case, taken in November of 1893, give a fairly good idea of the gross appearance of the lesion, and these micro-photographs, kindly made for me by Dr. W. F. Arnold of the navy, show the organism quite plainly in the interior of a giant cell. Dr. Thorne has called attention to the extensive tumefaction of the lymphatic glands of the neck and groin. In the other case the lymphatics were not involved until much later in the disease.

DR. DOUGLASS W. MONTGOMERY: This case, and the one previously seen by Dr. Rixford, are of special interest at the present time. As all of you have noticed, the medical journals have been lately full of the question of psorospermiosis, and its possible etiological relationship with cancer. In 1888 Neisser strove to show that molluscum contagiosum was caused by coccidia or psorosperms, a class of monocellular organisms belonging to the sporozoa. In 1889 Darier and Thibault discovered what they supposed to be psorosperms in an affection of the skin, which they called psorospermose folliculaire vegetante. In 1890 Darier and Louis Wickham announced that they had found bodies, which they called "psorosperms" in that "disease of the mammary areola preceding cancer of the mammary gland," now called "Paget's disease of the nipple." They said these bodies were found constantly and in numbers corresponding to the intensity of the disease process. The coccidial origin of the above diseases has been received with such favor in some quarters that they have been given a separate consideration by Brocq in his work on "Diseases of the Skin," and classified as follows: Psorospermoses—(1) Molluscum contagiosum. (2) Psorospermose folliculaire vegetante. (3) Paget's disease of the nipple. (4) Some cases of superficial cancer, supposed to be identical with Paget's disease of the nipple, but affecting other parts of the cutaneous surface. Now, if psorosperms are found constantly, and in numbers corresponding to the intensity of the disease process in every case of Paget's disease of the nipple, and if we know that every case of Paget's disease of the nipple is sure to be followed sooner or later by cancer of the mammary gland, then it is hard to escape from the inference that these psorosperms must stand in a closer relationship to this form of cancer than the mere chronic irritation they set up. But Neisser, on further investigation, seems to doubt the presence of coccidia even in molluscum contagiosum, and to deny all proof of their existence in any of the other diseases. And it must be said that the majority of those who have gone over this ground carefully are as skeptical as Neisser; for instance, Karg, who has worked on Paget's disease, and McCallum, of Toronto, who has investigated molluscum contagiosum. Much doubt has also been thrown on the coccidial origin of the disease called psorospermose folliculaire vegetante by many observers; for instance, by T. P. Pawloff, who finds that the so-called psorosperms in a case examined by him are changed epithelial cells. But the round bodies having a capsule in Dr. Rixford's case, are not altered epithelial cells, and one can see capsules with their contents, empty capsules, capsules in which young individuals have formed and other capsules which have burst, allowing these young individuals to escape. There seems hardly a doubt that we have here the long-looked for psorospermiosis of the skin. It, however, does not give rise to epithelial proliferation as coccidial disease, or the "wet snout" of rabbits does, but to a dis-

ease strikingly like tuberculosis of the skin, both clinically and histologically. This similarity to tuberculosis renders it imperative to make the differential diagnosis carefully. Neither of the patients has tuberculosis of the lungs; tubercle bacilli have not been found in the lesions although looked carefully for; the inoculation experiments in rabbits have not given rise to tuberculosis, and the disease is wide spread and destroys tissue rapidly. As Dr. Rixford has told us, it is supposed that there is only one other case of this peculiar affection described, and we may congratulate ourselves on the discovery of such an important disease here. I look upon this as being one of the four noteworthy events in the medical history of San Francisco, the other three being the application of the actual cautery to corneal ulcers by the late Dr. Martinasche, a most notable thing in its day; the recovery, under Dr. Morse, of two cases of abdominal aortic aneurism operated on by Loreta's method, and the perfection of the crushing operation for stone in the bladder by Dr. George Chismore.

DR. R. W. BAUM read a short paper on "Typhoid Fever Treatment by Baths." He said: In the German Hospital, when I first went there, we had no movable baths and relied more on sponging, etc. From August 14th to November 29th, when the movable baths were put in, we had ten cases of typhoid—three died. One case was brought in almost dying; the two others died about the fifteenth or twentieth day. Percentage, 20 to 30; extra large. From November 7, 1892, to 1894, of 45 cases, 8 per cent. died. Two were dying when brought in, and one died in two days. We continue the bath for ten or fifteen minutes; one or two during the day where the temperature was 102.5° or above. Both were started at about 90° , and lowered by addition of cold water to 70° . As to treatment, it was mainly expectant; no antipyretics till convalescence, and when the fever remained along about 102° or less, a dose of phenacetin or quinine was given at evening. In the way of stimulants we gave usually strychnin, rarely alcohol, and not at the beginning but towards the latter part of the disease. As an aid to the diagnosis the diazo reaction assists very much. It is also found in measles and tuberculosis, pneumonia, but it is different somewhat from that obtained in enteric fever. In all the cases it was found. It consists of the reaction of 1 part of a solution of nitrite soda ($\frac{1}{2}$ gm. in 100 gms. water), and 50 parts of a solution of sulfanilic and hydrochloric acid (10 gms. in 200 gms. water). To one part of this mixture an equal part of urine is added, and to the mixture $\frac{1}{2}$ part of stronger ammonia is added—poured in very carefully. A bright red ring is found characteristic only of this reaction, and on shaking the foam is bright red also. This is not near so red in urine from tuberculosis, pneumonia, or measles patients. In reply to an inquiry the speaker said these cases were all true typhoid—enlarged spleen, characteristic stools, and temperature and roseola, also the characteristic tongue.

SAN FRANCISCO MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting, October 1, 1894.

The President, F. BAZAN, M.D., in the Chair.

DR. L. C. LANE read a paper entitled "Statistics of Mortality from Anesthetics" [published at p. 707]. He then demonstrated Silvester's method of artificial respiration.

DR. J. O. HIRSCHFELDER asked Dr. Lane if he had had experience with nitrite of amyl in cases of syncope under anesthetics, and if he had had experience with the purified chloroform of Squibb, which is prepared by freezing.

DR. LANE said he had found nitrite of amyl of great value as a restorative in some cases. He had not used the purified chloroform.

DR. DAVID COHN said he had hoped to hear something about the movement as to ether in Germany, which has been so pronounced in the last two years. Formerly only chloroform was used in Germany as an anesthetic, while at the present time many of the prominent professors have adopted ether as the more satisfactory anesthetic.

DR. R. W. MURPHY referred to a case of suspended animation from opium poisoning, in which Marshall Hall's method of artificial respiration was used by Dr. Hirschfelder with the result that the patient revived. She died, however, some hours later.

DR. C. N. ELLINWOOD said he had had some experience with the Howard method of artificial respiration particularly. In a case of poisoning by coal-gas he appreciated the value of the violent pressure on the chest wall. Gas escaped from the patient's mouth, so that it was like standing over a gas burner, the odor was so strong. The gas did not come forth when the Silvester method was used. In about fifteen minutes the patient was resuscitated.

DR. A. W. PERRY said the statistics of mortality from the different anesthetics do not properly measure the relative danger. If the evil results following the administration of ether were taken into account, the aggravation of an existing bronchitis or nephritis, the deaths from disturbances due to the vomiting occasioned by it in laparotomy cases, etc., the figures would not speak so decidedly in favor of ether as opposed to chloroform. In New Orleans he was connected with the hospital and used chloroform exclusively, and he never knew of but one death which could be attributed to it.

DR. ISAAC RIVAS said his rule for the choice of an anesthetic was simple. In short operations he prefers chloroform, and in operations requiring considerable time he uses ether.

THE PRESIDENT said he always had a battery at hand when he apprehended trouble with an anesthetic. He had seen patients come back almost from death as a result of prompt slapping with a wet towel and the application of electricity.

DR. LANE said he was induced to adopt Billroth's mixture of alcohol, chloroform, and ether, from reading Billroth's published account of 12,000 anesthetics, without a single death. However, he had seen at least one death which could be attributed to it. It is almost inconceivable how small an amount of anesthetic will sometimes cause death. This man was strong and well but addicted to drink. The anesthetic was administered for the purpose of introducing a catheter. He began to fight and scream in a perfect frenzy, and in a moment when his voice was loudest a simple gurgle was heard and he fell back dead. The battery was used, his cheeks were slapped, artificial respiration was performed, but all to no use. Dr. Lane said he never sought more religiously for the cause of death than in the autopsy on this case, but none was found. In a review of the subject by Max Schüller, of Berlin, in his volume of the new German surgery of Billroth and Lücke, he has taken up all the methods of artificial respiration. In an exhaustive series of experiments on the cadaver and in animals he determined with suitable measuring instruments the amount of air introduced by each. He found that the volume of air introduced into the lungs is greater in the Silvester method than with any of the others. The Howard method, which originated in our country, is of particular value from its simplicity and ease of execution in the resuscitation of the drowning. He had witnessed the experiments of Claude Bernard in asphyxiating animals with coal-gas. The carbon monoxide enters into stable combination with the coloring matter of the red blood corpuscles destroying their oxygenating power. The animals could not be resuscitated by artificial respiration, electricity, etc., but by withdrawing a considerable amount of blood, and introducing fresh blood from another animal—transfusion—the animals were brought to life.

DR. GEO. K. FRINK read a paper entitled "The Menopause."

DR. DAVID COHN said the doctor spoke of the liver in the menopause. The liver is blamed for much of which it is innocent, and the menopause is also. In this connection the speaker described a case in which there were six attacks of jaundice at the times when menstruation should have taken place. There was complete absence of bile from the feces for some days. The urine was loaded with bile. The patient recovered from each attack in a week or ten days. Emmenagogues were tried, but without effect. Finally, after the sixth attack she fully recovered, and later gave birth to a child. One month after this case was reported, Senator, of Berlin, reported five cases. The jaundice was not hematogenous. It was what might be called icterus vicarious. There was no congestion of the uterus at the menstrual periods, but a congestion of the liver. There is some connection between the liver and the symptoms of the menopause.

SAN FRANCISCO SOCIETY OF EYE, EAR, NOSE AND THROAT SURGEONS.

Regular Meeting November 8, 1894.

The President, A. BARKAN, M.D., in the Chair.

Lamellar Cataract.—DR. A. H. VOORHIES presented a very unusual type of lamellar cataract; the anterior two-thirds of the lens being entirely clear, while the posterior third, or maybe less, together with the capsule, were quite opaque, the patient being reduced to the perception of light. In the left eye he had removed the lens, by the usual cataract operation, but there was so much trouble in removing the retained portions of the lens that in the right eye he first needled, transforming it into a traumatic cataract, and 10 days later succeeded in removing the lens *in toto*, without serious difficulty. Dr. Voorhies also exhibited his modification of the Graefe knife. It is somewhat smaller than the Graefe pattern, and the back from the tip, for a distance of two-thirds the length, presents a cutting edge. It seems rather fragile, the speaker admitting that one has already broken and another bent while operating, which accident he attributed to a fault in the manufacture and to an unusually dense cornea.

Quinine Amblyopia.—DR. W. A. MARTIN presented a man, 40 years of age, with a syphilitic history, showing well-marked optic nerve atrophy. His vision was $\frac{5}{6}$ for distance, but the field was very limited. In the right eye he still distinguished colors in the line of vision, but had no perception of color in the left eye. The interesting point of the case was, the man dated the first appearance of his trouble 3 months back, when a sudden blindness of both eyes occurred the day following a dose of 6 or 8 grains of quinine. He recovered almost entirely from the blindness, but for the past 6 or 8 weeks the vision has gradually grown worse. Antisyphilitic treatment has proved of no avail.

Amblyopia following Trauma.—DR. MARTIN also exhibited a case of amblyopia following trauma in a young militiaman. The vision in the right eye was never good, but he could use it to distinguish people on the street. During the railroad strike, he was struck a blow across the eye and the bridge of the nose, since which his vision was reduced to the perception of shadow. He was carefully examined at the Polyclinic by both Dr. W. Hopkins and the speaker, on several occasions; there being no perceptible change in the fundus, excepting that Dr. Hopkins remarked a slight change at the macula. On the evening of the meeting, there had developed a well-marked detachment of the retina, together with a cloudiness of the vitreous. The detachment of the retina followed nearly 3 months after the injury, and manifested itself within a period of 3 days, although the amblyopia shows there must have been a so-called "commotio retinæ" not recognizable with the ophthalmoscope.

Keratoconus.—THE PRESIDENT presented a young man whom he had had under observation 2 years, with gradually increasing keratoconus. At the present time his vision is under $\frac{6}{60}$, and the cornea is almost completely conical and easily depressed in the center. The cornea is very clear, showing no opacities. He quoted from the excellent new work of Dr. Panas as to treatment. The method of bandaging for 18 months or longer he thought would not be tolerated by the free-born American, so the next best method, in his opinion, was that of Tweedy, viz.: puncture with the cautery point, which method he proposed undertaking with the one eye and, if successful, with the other, also, making an iridectomy if necessary.

Gummatous Eye.—THE PRESIDENT also exhibited a case of what he termed a gummatous eye, the whole iris being occupied with small gummata. The process had commenced within a very few weeks of the original infection. The patient had been treated by a specialist on specific troubles, but who had paid no attention to the eye, so that the process was several weeks old when he came under the speaker's treatment. A peculiarity of the case was that, when first observed, the pupil was occupied by a small, black, fungus-like protrusion, it being the everted iris showing the under and pigmented surface. Since the commencement of treatment, the protruding portion has broken away, and can be seen floating about in the anterior chamber. The subconjunctival injection of sublimate solution (1 milligram of the sublimate to 2 drops of water) is being tried, and he will report progress at a subsequent meeting.

SPECIAL CORRESPONDENCE.

LONDON.

The Chelsea Hospital Scandal.—Defence Unions.—The Meeting of the British Medical Association in London, 1895.—Diphtheria and Antitoxin.

The affair of the Chelsea Hospital for Women has attracted a great deal of attention, and has caused much pain and perplexity to those who have at heart the credit and best interests of the medical profession. A report was made by Dr. Louis Parkes, the Medical Officer of Health for the parish of Chelsea, to the vestry, in which he drew attention to the defective sanitary arrangements of the Hospital, to the deficient cubic space in certain wards, and finally to the high post-operation mortality. The Board of Management of the hospital at once practically admitted the justice of his reflections on the sanitary condition of the hospital and immediately undertook the necessary work to satisfy the requirements of Dr. Parkes. The observation as to the high mortality, however, was not so easily disposed of. The medical staff thought, and rightly thought, that the observations affected their professional reputation and honor. A report containing elaborate statistics of all operations in the practice of each one of the staff was prepared and presented to the Board of Management of the hospital, and was laid before a special committee of inquiry, which meanwhile had been appointed. The committee consisted of representatives of the Board of Management, the subscribers, and of the Royal College of Surgeons and of Physicians. This committee presented a report which was of a very damaging character to the management and medical staff of the hospital. It stated that a large number—20 out of 26—of the deaths in the hospital in the period under review, were due to septicemia, and added "that septic temperatures were not infrequent amongst the cases operated on which ultimately recovered. This applies to cases of minor operation as well as to those of more serious character." As it has a bearing upon the general sanitary state of the hospital, it should be noted that "septic temperatures did not prevail in the practice of every member of the staff." The general principles on which the hospital was administered were criticised in an unfavorable sense, so that the lay Board of Management did not escape censure. Finally the committee recommended that a pathologist should be appointed whose duty it would be to make independent examinations of fatal cases and report to the Board of Management direct. The medical staff had already placed their resignations in the hands of the Board, and the Board not only accepted them, but went on to elect a new staff, upon which the old medical officers were very slightly represented. That is to say, the majority of the old medical staff was excluded, and new men appointed. This naturally led to a vigorous protest, based mainly on the ground that the Board of Management, which had been condemned by the Committee of Inquiry, was not a body which ought to have elected a new staff; the subscribers, it was urged, ought to have been called together to receive the resignation of the board and to elect a new one. The consulting members of the staff, whose connection with the hospital was purely honorary, and who had perhaps never been within its walls, yet thought that in such an emergency they should have been consulted as to the election of the new acting staff, and they also resigned, though one member expressed his willingness to retain his connection with the hospital if the question of the constitution of the new staff was referred to a committee, with medical assessors appointed *ad hoc*. Meanwhile the Vestry of Chelsea had appealed to the Home Secretary to appoint a special Government Commission to inquire into the conduct of the hospital. This politician, after taking a long time to consider, wrote declining to make an inquiry, but did not hesitate to express an opinion without inquiry. A state of things, he said, had been revealed which was most discreditable to the management of the hospital, and especially to the medical staff; he added with an excess of cruelty of innuendo, that he was advised that a criminal prosecution could not be undertaken. A more cowardly kick to men who are down could hardly have been conceived, and it has had the usual effect of acts of this kind, that is, to excite sympathy with the victims, which had not previously existed. Since then a meeting of the subscribers has been held, and after a rather heated discussion, the resignation of the Board of Management, which

had been tendered, was not accepted, the Board having a small majority. The whole story is an extremely painful one, but in a letter written from London it was hardly possible to pass it in silence, as the matter has attracted and still attracts much grieved attention, and is likely to inflict an injury on the profession which will not easily be lived down.

The Medical Defence Union, established about ten years ago, to give to its members mutual support in cases of blackmailing and false charges against professional reputation, has passed through a stormy period. The great difficulty has been to arrive at a principle of action on the point whether the Union should use its funds and influence to defend members thought to be unjustly charged by other members. The first difficulty arose in connection with a case in which the then President of the Union was the defendant in an action for libel. Much dissatisfaction was felt at the action of the Council in voting money to defray the legal expenses of the President in this case, and a second society, called the London and Counties Medical Protection Society was formed, and carries on work practically identical with that of the Union. Its President at the present time is Mr. Victor Horsley, who had not long been in office before another difficulty arose; in this instance a legal action was brought between two members of the Union who had been in practice together. One of the Honorary Secretaries refused to entertain the application of one of the parties to the suit. Subsequently the Council took up the case of the other party, and the Honorary Secretary who had refused to interfere in the case at all, resigned in dudgeon, and has started yet a third Defence Association. The legal proceedings dragged on for months, and have only recently come to an end. Early in October meetings of the Union were held in London, Manchester, Birmingham, and Bristol, and at each place votes of confidence in the Council were adopted. The Union therefore survives, but it is now proposed that the British Medical Association should take up some of the work of the Union. The Union was founded originally to defend its members against blackmailing, but very soon it became involved in attempts to put the law against irregular practice in action. It is now proposed that in some way or other the B. M. A. should either make a special contribution to defray the cost of this part of the work or should undertake it altogether. It is complained that the law as it stands is too weak, and Parliament is to be asked to strengthen it, but it is certain that even as it is the law is not enforced. In France the law, which was always stringent, has recently been amended and made stronger still; moreover it is enforced. In the German Empire, also, not only are the laws strong, but they are enforced by the police. The patent medicine-monger, for instance, is liable to find the town in which he is operating placarded with notices informing the public of the composition of his cure-all, warning as to its dangers, and stating the ordinary retail price of the drugs of which it is made.

As already mentioned, the annual meeting of the British Medical Association will be held next August in London. A meeting of the General Committee was held on October 31st, and was attended by over 700 members of the Metropolitan Counties Branch of the Association. The chair was occupied by Dr. Russell Reynolds, President of the Royal College of Physicians. Some preliminary steps have already been taken and the use of the laboratories at the Royal Colleges of Physicians and Surgeons, on the Thames embankment, has been secured. This building is spacious, and contains an excellent lecture theater, but it is certain that it will not provide sufficient accommodation. Exeter Hall is near at hand, but other rooms will be required for some of the Sections, and it is not easy to see where these are to be found. The difficulty will no doubt be overcome, and the laboratories have the great advantage of being in the very center of London, near the Underground Railway, and the Strand, which is one of the great arteries of omnibus traffic. It has been arranged to have fifteen sections, an excessive number. The Address on Medicine will be given by Sir William Broadbent; on Surgery, by Mr. Arthur Durham, of Guy's Hospital; and on Physiology, by Prof. E. A. Schäfer, F. R. S., Professor of Physiology, in University College. A Foreign Reception Committee, with Mr. Ernest Hart, as Chairman, has been appointed, and it is hoped that the invitation to foreign colleagues to attend will be accepted extensively. The present estimate of the number of members and visitors likely to assemble in London at the beginning of next August, is 5,000.

The epidemic of diphtheria in London, this autumn, though not much more than usually severe, has attracted an unusual amount of public attention, owing perhaps, to the papers having been full of reports from the Buda-pest Congress, about the success with which the antitoxin-serum has been used in Berlin and Paris. It is hoped that the British Institute of Preventive Medicine, which has at present very inadequate laboratory accommodations, as the buildings of the Institute have not yet been commenced, may shortly be able to supply the serum, and some horses are already in process of preparation. Meanwhile the serum has to be obtained at an extravagant price from Germany, and the supply is inadequate. London has not yet followed the example of New York in organizing a special service for the bacteriological diagnosis of diphtheria, and as the authority which deals with the prevention of disease is the County Council of London, and that which treats the cases after they have arisen, is the Metropolitan Asylums Board, a much older body, and as the County Council is very jealous of its dignity, much more delay is likely to take place. Meanwhile the infectious hospitals are full.

LONDON, November 3, 1894.

CORRESPONDENCE.

Serum Therapy in Diphtheria—Toxines in Sarcomas.

. The following extracts from a letter, received from Dr. G. L. Simmons and dated at New York, are of several interest.

In New York just now the absorbing questions appear to be connected with serum therapy in diphtheria and the use of toxines in the treatment of sarcomas. Without presuming to offer an opinion upon the benefits to be derived from immunized serum, where time and long experience are essential factors, I will say that I am surprised at the mortality of diphtheria in the French hospitals, as given by the advocates of the serum practice. For four consecutive years they state an average of 51.71 per cent. of deaths, while at the Trousseau hospital for four months the mortality was 60 per cent. I think we have never had in California an epidemic of diphtheria in which our rate of mortality exceeded 24.5 per cent. or the figures now presented as a grand result of serum therapy. The use of toxine in the treatment of soft cancers has, in some cases, been attended with the most encouraging results. Last week I attended a meeting of the New York Academy of Medicine, where Dr. Wm. B. Coley read a valuable paper, entitled "Further Observations on the Treatment of Malignant Tumors with the Toxines of Erysipelas and Bacillus Prodigiosus." He reported over thirty cases under treatment and observation, in several instances lasting over a year, and presented to the large audience five cases of apparent recoveries from sarcomatous growths in various parts of the body. I examined these cases as carefully as I could, and, after learning their histories, confess I was surprised at the results obtained. Dr. McBurney, who had been appointed to speak upon the subject, said the cases were encouraging, and he urged further experimentation in the same direction.

REVIEWS AND NOTICES.

THE MEDICAL REVIEW VISITING LIST PERPETUAL. St. Louis, J. H. Chambers & Co. This List is neatly bound in red, with flexible cover and flap, and in general make up follows the usual style. The editor states that the general information here presented is such as will be most helpful in the every day or occasional emergencies that confront the practitioner. A table of doses is included, but on looking over it we observe that two proprietary preparations are mentioned, one of which is certainly out of place, as it is not intended for internal use. This, with the advertising page accompanying the list, duly sets forth the merits of the preparations in question, with others.

PHYSICIAN'S VISITING LIST for 1895, 44th year, Philadelphia, P. Blakiston, Son & Co. This old and familiar favorite remains unchanged in form. The mis

cellaneous information accompanying it has been revised and additions made, where practicable. In the dose table, the drugs and doses have been carefully revised and such additions made as bring it completely up to date. This also applies to a list of new remedies in which we find salicylate of mercury and gallanol, with other less familiar agents. Poisons and antidotes, disinfectants and some useful tables are also included. Taking it all together, the Physician's Visiting List remains without a superior, and there are none that equal it in neatness and general mechanical excellence.

ESSENTIALS OF THE DISEASES OF THE EAR, ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS. PREPARED ESPECIALLY FOR STUDENTS OF MEDICINE AND POST-GRADUATE STUDENTS. By E. B. Gleason, S.B., M.D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia; Surgeon-in-Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia. Saunders' Question Compends, No. 24. Philadelphia: W. B. Saunders.; pp. 148. Price, \$1.00.

This little work is especially designed for physicians desiring post-graduate study of otology, and to supplement the brief courses of lectures on this subject. Like the other compends of this series, it contains a great amount of information in small compass. Nearly 150 pages are devoted to concise and clear questions and answers on the anatomy of the ear, and the various ear diseases and their treatment. For those having limited time for the study of this branch, this small work can be highly recommended, as the information is in a very accessible form.

ESSENTIALS OF MINOR SURGERY, BANDAGING, AND VENEREAL DISEASES; ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS; PREPARED ESPECIALLY FOR STUDENTS OF MEDICINE. By Edward Martin, A.M., M.D., Clinical Professor of Genito-urinary Diseases; Instructor in Operative Surgery, and Lecturer on Minor Surgery, University of Pennsylvania, etc. Second edition, revised and enlarged; 78 illustrations. Saunders' Question Compends, No. 12. Philadelphia, W. B. Saunders; pp. 166. Price, \$1.00.

The second edition of this popular work has been thoroughly revised and brought up to the present standard of surgical practice. A large number of the illustrations have been redrawn and engraved, and an entirely new set of bandaging cuts, taken from the "American Text-book of Surgery," have been inserted. The book will be found specially useful to those beginning practice and to those engaged in hospital or clinical work. A great deal of information, gathered from many different sources, is presented in a concise form, so that the various practical points of minor surgery and bandaging may be easily and quickly referred to.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY: AN INTRODUCTION TO THE STUDY OF OBSTETRICS AND GYNECOLOGY. FOR MEDICAL STUDENTS AND PRACTITIONERS. WITH A GLOSSARY OF EMBRYOLOGICAL TERMS. By Walter Porter Manton, M.D., Professor of Clinical Gynecology and Lecturer on Obstetrics in the Detroit College of Medicine. Illustrated with 70 outline drawings and photo-engravings; 12-mo, cloth, 126 pages, interleaved for adding notes and other illustrations; \$1.25 net. Philadelphia: The F. A. Davis Co., Publishers.

This work is designed particularly for use in the lecture-room. It is profusely illustrated with diagrams and cuts, and interleaved with blank pages for the purpose of making notes. The subject matter is arranged to a great extent in outline, and yet explicit enough to enable the student to grasp the main points easily and quickly. The plan of the book includes the anatomy of the sexual organs, the physiology of reproduction, the development of the fetus, and finally considerations concerning the condition of the mother during pregnancy and of the child at birth. A section on practical laboratory work is added, giving valuable information on the conduct of experiments in developing egg germs. Embryology is attracting increased attention. The recent advances in the subject have thrown much light on the structure of the human body, and accordingly it is becoming a valuable adjunct, not only of the study of obstet-

rics and gynecology, but also of anatomy. Many of the dry facts of the latter become interesting and intelligible when viewed through the light of embryology.

A PRACTICAL MANUAL OF MENTAL MEDICINE. By Dr. E. Regis, formerly Chief of Clinic of Mental Diseases, Faculty of Medicine, Paris; formerly Assistant Physician of the Sante-Anne Asylum, Physician of the Maison de Sante Castel A' Andorte, Laureate of the Medico-Physiological Society of the faculty of Medicine of Paris, Professor of Mental Diseases, Faculty of Medicine, Bordeaux, with a preface by M. J. Ball, Clinical Professor of Mental Diseases, Faculty of Medicine, Paris; a work crowned by the Faculty of Medicine, Paris. Chateauvillard prize, 1886. Second edition, thoroughly revised and enlarged, re-written, authorized translation by H. M. Bannister, A.M., M.D., late senior Assistant Physician, Illinois Eastern Hospital for the Insane. With introduction by the author. Utica: Press of *American Journal of Insanity*. Pages xvi—692.

This book is, as mentioned by the author in his preface to the translation, the first instance of a work, treating of mental diseases, which, written by an alienist and translated by an alienist, has been printed and bound by the insane under the direction of an alienist. The treatise is divided into two parts, the first of which begins with a short outline of the history of the care of the insane, followed by a definition of insanity and an account of the etiology of mental diseases. After giving a resume of the course, duration, prognosis, and pathological anatomy of the diseases in question, the author takes up the general symptoms and classification of insanity. After giving classifications by Baillarger, Magnan, Hack Tuke, Krafft, Ebing, etc., Prof. Regis adds his own subdivisions of the psychoses. He divides them into functional and constitutional. The first group consists of symptomatic or generalized and partial or essential insanities. The symptomatic comprise forms of mania, melancholia, and *folie à deux* (circular insanity), while only one form of partial psychosis is mentioned, chronic paranoia. The term, partial insanity, is not viewed with favor by modern authors, as it is highly improbable that there can be such a state. The constitutional psychoses are subdivided into: (1) Disharmonies—defect of balance, originality, excentricity. (2) Neurasthenias—fixed ideas, impulsions, aboulias. (3) Phrenasthenias—delusional reasoning, instinctive phrenasthenias. (4) Monstrosities—imbecility, idiocy, cretinism. (5) Dementia. After the classification the author enters upon the subject of special pathology, beginning with the typical forms of functional and constitutional insanities and closing with mental derangements accompanying physiological and pathological conditions, such as hebephrenia (insanity of puberty), insanity of diabetes, cancer, psychoses in epilepsy, Basedow's disease, etc. He finishes the subject of special pathology with a consideration of the toxic insanities, alcohol, lead, morphine, etc. The second part of the book treats of the application of mental pathology to practice: the taking of the family and personal history, the examination of the patient and the preventive and curative treatment of insanity. The last chapter considers the relationship of insanity to legal medicine: the penal responsibility of the insane, crimes and misdemeanors of the insane, and medico-legal examinations. The author is quite pronounced on the subject of the origin of many psychoses from auto-intoxication. He mentions the good effects obtained by washing out the stomach in melancholiacs, not only upon the sitiophobia (refusal of food), but upon the melancholia itself. He also speaks of the results of experiments on animals by Dr. Chevalier-Lavaure, who found, that while an average of 25 c.cm. of normal daily urine will kill an animal, 60 c.cm. of maniacal daily urine is required to produce the same effect. This would lead one to think, that in the insane, poisonous substances circulate in the blood, which in the well person are excreted by the kidneys. The question would be, however, whether the retention of normal poisons in the blood is the cause or the effect of the psychosis. The author, in speaking of puerperal insanity, says the suppression of the lochia, or the milk, is one of the necessary causes of the insanity. It would be more apt to be a symptom and a result. He also says the clinical form taken by puerperal insanity is always mania or melancholia. While this is the rule, an acute form of paranoia is frequently met with. From a didactic standpoint, Prof. Regis'

work is very good. It is systematically arranged, concise, and quotes many interesting and significant facts in elucidation of the subject under consideration. In connection with the facts relating to the mechanical work, it may be stated that the book is substantially bound, and the print clear.

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners, held November 12th, the following were granted certificates to practise medicine in this State:

Robert Foster Andrews, San Francisco; Dartmouth Med. Coll., N. H. Nov. 11, '57.
 Edwin Murray Arenschield, Monrovia; Med. Dept. State Univ. of Iowa, March 7, '83.
 James R. Arneill, Los Angeles; Med. Dept. Univ. of Mich., June 28, '94.
 George W. Carpenter, Riverside; Med. Dept. Univ. of Mich., March 30, '53.
 Jere Lawrence Crook, Sacramento; Med. Dept. Vanderbilt Univ., Tenn., March 26, '94.
 Robt. H. Curtis, San Francisco; Kentucky School of Medicine, Ky., June 21, '94.
 John Ermerius, Los Angeles; Examining Boards North and South Holland, Aug. 12 and 28, '62.
 B. F. Fleming, San Francisco; Med. Dept. Univ. California, Dec. 14, '93.
 Morris J. Gates, Oakland; Kentucky School of Medicine, Ky., June 21, '94.
 Chas. B. H. Hanvey, Greenville; Med. Dept. McGill Univ., Canada, March 31, '83.
 Jacob Horsch, Los Angeles, Univ. of Wurzburg, Germany, Jan. 30, '91.
 W. R. Patton, Lindsay; Med. Coll. Virginia, April 3, '94.
 Oswald F. Rudolph, Los Angeles; Cincinnati Coll. Medicine and Surgery, Feb. 26, '85.
 Frank M. Rumbold, San Francisco; St. Louis Med. Coll., Mo., March 5, '84.
 George Charles Somers, Pasadena; Rush Med. Coll., Ill., Feb. 24, '80.
 R. L. Sutherland (2d certificate), San Francisco; Med. Dept. Univ. of Cal., Dec. 15, '92.
 Masajiro Toki, San Francisco; Saisei Med. Coll., Japan, March 31, '83.
 John V. Tormey, Pinole; Bellevue Hosp. Med. Coll., N. Y., March 27, '93.
 Agnes Walker, San Rafael; Cooper Med. Coll., Cal., Dec. 7, '93.
 Henry Lee Wood, Napa; Kansas City Med. Coll., Mo., March 22, '94.

CHAS. C. WADSWORTH, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Div. Pacific), from October 20, to November 20, 1894.

So much of the Special Order as directs Captain Ogden Rafferty, assistant surgeon, to report to the commanding officer Presidio of San Francisco, Cal., for duty, is revoked.

Leave of absence for six months, on surgeon's certificate of disability, is granted Major Clarence Ewen, surgeon.

ITEMS.

Dr. S. Iglick has removed from Pike City to Alleghany, Sierra county, Cal.

Dr. A. Huffaker has removed from Brownsville, Cal., to San Leandro, Cal.

Dr. Albert Abrams has resumed practice at 431 Geary street, San Francisco. Hours, 1 to 3:30 P. M.

Dr. F. W. Birdsall has removed from San Francisco to Sacramento, Cal., and has opened an office at 718 J street.

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